

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 24, 1984

a Benn publication

Wholesalers  
watch and  
wait on PIs  
and agonise  
over 'list'

RPA to  
co-operate  
with doctors?

Trading on  
a Sunday:  
report issued

Clinical  
pharmacy:  
the kidney's  
balancing act

C&D Assistant  
of the Year  
finalists  
announced

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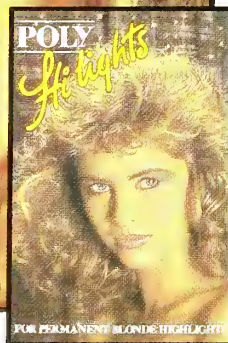
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COMMENT

The parallel import cooking pot is bubbling again. Health Minister Kenneth Clarke added spice to it last week with details of his scheme to recover exceptionally high discounts obtained by pharmacists in any way, on both branded and generic drugs.

At the moment, all wholesalers are looking over their shoulders and considering what to do next. The temptation to get involved remains much the same as it did when the scheme was first revealed (*C&D*, September 8, p383). Little profit is being made by the majority of wholesalers. The Government's move last year to reduce and then peg ethical prices effectively removed the wholesalers' inflation hedge of stock appreciation.

But first the Department of Health will have to issue sufficient PL(PIs) to make the exercise both legal and meaningful. Short-line importing wholesalers have so far scraped up one such licence between them. Would the major wholesalers fare any better or is the Government simply waiting to release applications when the endorsement scheme is brought in on January 1?

And wholesalers are facing other complications with the proposal of limited prescribing lists. Will they get compensation for stock losses and will they have to reduce discounts offered to after April 1 because

turnover goes down? Reducing inventories to minimise stock loss must reduce service.

The temptation to import, give a 12 per cent flat rate discount on all PIs and pocket the difference so that a full-line pharmaceutical wholesaling service is maintained for the benefit of the pharmacist, or more particularly the public, must be considered. Whether Peter Dodd will succeed in coercing the manufacturers of high discount PIs to reduce the UK price is for the future. But if Unichem were to offer a limited list of parallel imports, everyone would sit up and take notice.

What remains clear is that the Government cannot lose whatever happens. It is destined to reap the benefit of lower prices through both its limited list and through PIs.

Parallel importing has not been one of pharmacy's finer professional activities — up till now it has carried risks for the patient and has yet to be sanitised by the full workings of the PL(PI) scheme. When it is, pharmacists will lose some of the cash benefits of parallel importing — and all such benefit will be lost if the major wholesalers take up their import option because the Government will simply revamp the discount scale to recover monies from all contractors. Will the short-term profit then have been worth the loss of professional face?

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# Wholesalers watch and wait on PIs...

**Full range pharmaceutical wholesalers are adopting a "wait and see" approach over whether to become involved in parallel importing.**

Last week's announcement by Health Minister Kenneth Clarke — whereby products obtained at a discount of more than 12 per cent are to be reimbursed at 80 per cent of Drug Tariff price — falls about halfway between his originally proposed figures and those put forward by the National Association of Pharmaceutical Distributors.

"At the moment I don't know what to do," Peter Dodd, Unichem managing director, told *C&D*. At the moment the company is looking at products with PI discounts of 25 per cent or more.

"We will be considering the implications and talking to manufacturers. If the list is sufficiently restrictive they may do something about prices and take away the incentive. Otherwise we would have to consider parallel importing on a limited basis," Mr Dodd said.

Macarthy's, too, would prefer not to be involved in parallel imports. "But if market conditions make this unavoidable we are ready to join in, on a totally legal basis," said managing director David Wright.

"The endorsement proposals, if they are observed, are still generous enough to

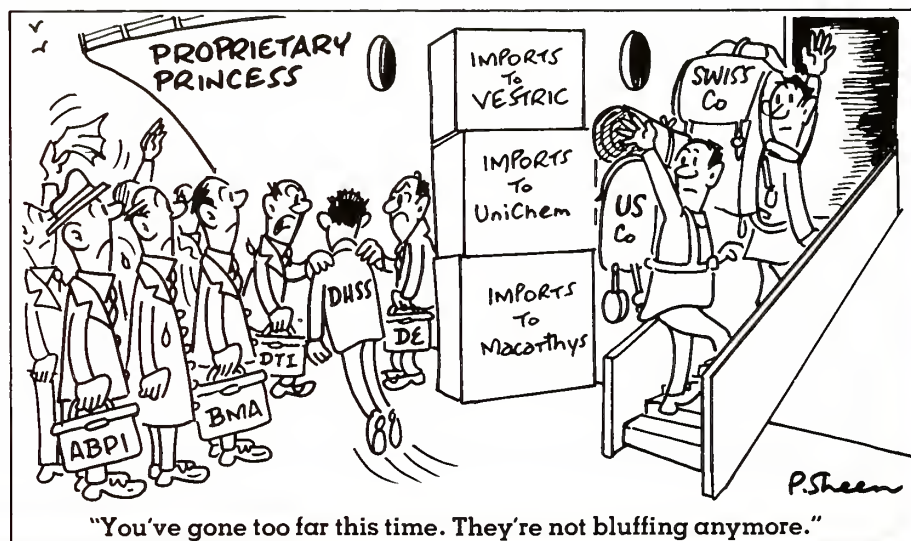
create extra profits for the pharmacist, although not to the same extent as in the recent past. Accusation of fraud should deter any pharmacist from omitting to endorse, but one would hope proper enforcement procedures are introduced.

"Few PL(PI)s have been issued. A pharmacist supplying an unlicensed but endorsable product in January is in a "catch 22" situation. If he endorses it, he is seen to be in breach of the Medicines Act — if he doesn't, he is committing fraud."

Sants Pharmaceutical Distributors are not going into parallel importing at this point, but will wait and see, said managing director Gerald Brooks. "It depends on the policing of the endorsement procedure," he said.

Vestric managing director Peter Worling is unhappy about the situation. "We are not merchants and do not want to enter into price negotiations. If parallel importing becomes a serious threat we will have to give it serious consideration."

The National Association of Pharmaceutical Distributors maintains its position that until there is no doubt about the quality and safety of PI stock no *bona fide* wholesaler will touch it. However, once a licence is issued, it is up to the individual companies concerned.



"You've gone too far this time. They're not bluffing anymore."

## 'LP' scheme to be short-lived

**Chief executive of the Pharmaceutical Services Negotiating Committee Alan Smith has warned that the New Year script endorsement scheme to recover high discounts available to pharmacists may be short-lived if full-line wholesalers take up parallel importing.**

Mr Smith stresses he is not saying wholesalers will, necessarily, parallel import medicines, but if they do, all discounts would have to be recovered through one scale just as at present.

Under the scheme pharmacists will have to endorse a script, probably with "LP" (low-price), if they have obtained either a proprietary or generic drug at a discount of more than 12 per cent. The pharmacist will be reimbursed 80 per cent

of the Drug Tariff price.

And Mr Smith warns pharmacists they must comply with the endorsement scheme when it is introduced on January 1. "I am quite confident the majority of pharmacists will abide by the new endorsement procedure. However, any who do not will be in breach of their terms of service and liable to criminal prosecution under the Thefts Act because they will have committed a fraud.

PSNC chairman David Sharpe says the Government will be able to check whether the value of the parallel imports equates to the discounts declared by pharmacists. He points out that under the PL(PI) scheme, importers are required to keep records of imports so that they can, if necessary, recall medicines. The DHSS has the power to inspect their books and therefore will be able to assess the value of imports.

Mr Sharpe says the scheme will be policed through analyses made by the Prescription Pricing Authority, together with monitoring through family

practitioner committees, to see that endorsements are made correctly. "Both the Department of Health and PSNC will keep a close watch on discounts that are being offered by both manufacturers and wholesalers."

But Mr Sharpe says he is at a loss to know how the Department will monitor extended credit, free goods and discounts for cash.

PSNC says that because the DHSS has included generics in the scheme against its advice, pharmacists will be double-discounted for these drugs.

Alan Smith says it is common for pharmacists to be offered a 15 per cent discount by generics' manufacturers in return for an annual contract. "This practice is already taken into account when fixing the Tariff." Similarly, Mr Smith says Tariff prices of generics on the "S" list take account of the high discounts known to be available on these drugs.

PSNC will be pressing to have generics excluded from the scheme.

*Chemist & Druggist 24 November 1984*

## ...and agonise over limited list with manufacturers

**The National Association of Pharmaceutical Distributors will be talking to manufacturers about how to deal with "dead stock" should a limited prescribing list be introduced next April.**

Wholesalers, who generally hold six to eight weeks stock, want to know whether manufacturers will take back stock. If not pharmacists are likely to find the supply situation difficult in the weeks before April 1, 1985, as wholesalers run down supplies.

"We want manufacturers to state their policy," said Mr Peter Worling, NAPD chairman. "Hopefully a promise of stock adjustment where we are asked to maintain stock levels. Otherwise we will be forced to run down stocks."

He estimates that stock held by wholesalers of lines currently threatened

could be worth around £10m.

Unichem will not carry stock which will be unsaleable, managing director Mr Peter Dodd told *C&D*. He is uncertain what manufacturers' attitudes are at present. "They may cut prices and refuse to accept stock back. In that case we may be able to export at cost price. If we found we had misjudged we would look to recover that money, but it would not be our favourite choice."

Mr David Wright, managing director of Macarthy's, is surprised at the apparent euphoria within the Pharmaceutical Services Negotiating Committee in support of the limited list proposals.

"The most immediate concern is dead stock and we are talking to manufacturers on this, as well as severely restricting our purchase of the affected products. It appears wholesalers are asked to take the 'rough with the rough', as there will be reduction in the value of the total market, in addition to stock problems. Until negotiations between interested parties have been completed it is difficult to predict the extent of the damage."

## PSNC continues to back list

**The Pharmaceutical Services Negotiating Committee last week added some further points to chairman David Sharpe's questions on the administration of the DHSS's limited list (last week p879) as well as suggesting some more drugs for inclusion in it. But support for the principle continued unabated with chief executive Alan Smith saying "It ensures pharmacy as a profession for generations to come," and David Sharpe suggesting that it could form the basis of new co-operation between GP and pharmacist.**

The switch from NHS prescription to OTC sale for some medicines would give the pharmacist an ideal opportunity to be seen in the front-shop as a caring professional counselling the patient.

Early contact with the local GP by the pharmacist would ensure any switch in prescribing next year would be as smooth as possible for the patient. Co-operation could be taken even further, said Alan Smith at a Press briefing on November 15 following PSNC's monthly meeting.

In rural areas where there was no neighbouring pharmacy and a dispensing doctor practice did over 1,000 scripts a month, a pharmacist could be employed to

dispense: he could also then supervise the sale of OTC medicines after April, 1985. Such an operation would be subject to inspection.

However, any attempt by other doctors to sell medicines from non-registered premises in the wake of the limited prescribing list would be vigorously opposed. Alan Smith said it would be a complete reversal of the medical profession's desire to be released from counselling on time-consuming minor ailments. The Medicines Act said any such supply of a medicine had to be made personally by the doctor. PSNC would call for inspection of GP practices.

PSNC lists points to be added to those made last week by David Sharpe for inclusion in discussions with the DHSS as:

1. There should be a honeymoon period for pharmacists following the lists' introduction.
2. Will it be legal for a pharmacist to supply branded benzodiazepine, rather than the prescribed generic, if the patient is willing to pay the difference?
3. Extension of the list to ensure a sufficient choice of drugs was available on the NHS to protect patients' interests.
4. Could not the GP be trusted to endorse a prescription with an indication that would make a particular drug eligible for NHS supply?

Because the average gross profit on a prescription for a pharmacist was around £1 a higher margin would be required on OTC medicines to maintain profit balance, said Alan Smith.

## GPs sign blank prescriptions

**Doctors issuing signed blank prescriptions forms for their receptionists to fill in, could be guilty of misconduct.**

Three doctors found guilty of serious professional misconduct told the General Medical Council's professional conduct committee that they followed the prescription policies operating when they joined their practice, according to the *Times*. The committee postponed any action against the doctors for a year.

## Phenobarbitone OTC — MPS fined

**A pharmacist who added a POM to cough medicine sold over the counter was fined £110 with £500 legal costs last week.**

Mr Chhaganbhai Mistry, of South End Road, Hampstead, was found guilty by North London magistrates of selling a mixture containing phenobarbitone at his shop on June 22 last year.

He was also convicted of selling the medicine in an incorrectly labelled bottle — in contravention of the Medicines (Labelling) Regulations 1976. The name of the patient was not on the bottle.

The court heard that Mr Mistry, who did not give evidence, sold the mixture to an inspector from the Pharmaceutical Society who posed as a customer.

"In my opinion the phenobarbitone was there by design, not by accident," said inspector Mr S. Williams.

Magistrates rejected submissions by defence counsel that there was no case to answer. He claimed that there had been no evidence before the court to show that the inspectors were acting as members of the public and not as "sampling agents".

**■ Pharmaceutical Services Negotiating Committee has issued a list of generic products for which the pharmacists will not be paid against endorsement for any branded make supplied after April, 1985.**

After April of next year the price paid will be based on average prices of named manufacturers. The products are:

Flucloxacillin capsules 250mg and 500mg; salbutamol inhaler 100mcg; salbutamol syrup; azathioprine tablets 50mg; allopurinol tablets 300mg; cotrimoxazole tablets; frusemide tablets 500mg; glibenclamide tablets 2.5mg and 5mg; metoclopramide tablets 10mg; metronidazole tablets 200mg; naproxen tablets 250mg and 500mg; salbutamol tablets 2mg and 4mg; spironolactone tablets 50mg; hydralazine tablets 25mg and 50mg; tamoxifen tablets 10mg and 20mg; verapamil tablets 40mg and 80mg; temazepam capsules 10mg and 20mg and ampicillin forte mixture 250mg/5ml.

## NPA advertising plans to be reconsidered

**Announcement of the Government's limited prescribing list proposals may lead to the National Pharmaceutical Associations reconsidering plans for its newspaper advertising campaign. The matter is to be discussed at the November board meeting.**

The October meeting was told the campaign is to be replaced by some other form of publicity after 1985 at a lower cost to members (*C&D*, November 10, p824). The sum, as yet unfixed, would probably not exceed £10 per pharmacy.

The report of the advertising campaign sub-committee, which included the final versions of the 1985 advertisements, was enthusiastically received. It was agreed that 1985 would be the best year yet, and the treatment of the corporate message built perfectly on the foundation laid during the first two years.

Mr Patrick Gilbride, board member from Scotland, queried the absence of any space in the *People's Friend* which was particularly popular in Scotland. Mr Andrew Carnegie, a director of CTMC, had replied that the agency had yet to conduct a geographical analysis of the proposed coverage but the insertion in the *Daily Record* would probably provide the required balance north of the border. **"Ask Your Chemist" newspaper series:** Press officer Tanya Turton reported that the syndicated "Ask Your Chemist" column was being published by local newspapers with a total circulation in excess of 6 million and a likely readership of more than 15 million. Similar advertising space would cost over £20,000 a week. Mrs Turton described her plans for expanding the circulation.

**Shop trading hours:** director Tim Astill reported that during one of his exchanges with the Government's working party, he learned that the NPA's submission, opposing any change in trading hours law, had not been received. The report would not therefore include any reference to the NPA, and probably no mention of the fact that the opening of pharmacies is partially controlled by the NHS contract.

**EEC free movement Directives:** Mr Will Kneale, EEC liaison officer, reported that the Directives were still with COREPER (the committee of permanent representatives) where they had been held up by last-minute objections by Greece, which felt that the Prag amendment was

## Lincs option form victory

Lincolnshire Family Practitioner Committee has bowed to pressure from the local pharmaceutical committee to observe the Ombudsman's interpretation of the Clothier Regulations on option forms. In a Dorset case the Ombudsman ruled that applications to go on a GP's dispensing list must be supported by a one form per patient signed by that patient. Lincs FPC's dispensing subcommittee refused to accept this ruling over a year ago and stuck to the original local agreement that there should be one form per patient signed by a member of the household. The LPC withdrew its members from the DSC last September and threatened the FPC with legal action. Last week the FPC agreed to abide by the Ombudsman's option form ruling.

not strong enough and there would be large-scale migration of pharmacists into Greece. France and Italy also sought very late changes to the part of the Directives on mutual recognition dealing with the duration of practical training.

Luxembourg had asked for a limit on the number of migrant pharmacists to be accepted. It was hoped that these "final" obstacles could be overcome and that the Directives could be approved before the end of the year.

**Leave for parental and other family reasons:** The board considered an EEC Draft Directive on this subject. While sympathetic to the aims of the Directive, it was felt that insufficient thought had been given to the proposals. There was no reference to the particular problem that would be faced by employers with small staffs with specially trained personnel.

The Directive made no reference to the fact that some employers were already more generous than others in granting paid leave, nor that many employers were already willing to allow extra leave for urgent reasons.

**Business services:** As a new service, notelets and greetings cards incorporating several of the calendar illustrations would be offered to members.

**Prescription tax for students:** A community health council had sought support for a move to exempt full-time students from prescription tax as of right. The means test form (Form FP11) was off-putting and the board agreed that many students would be reluctant to claim exemption. It was agreed to approach the PSNC (and the Pharmaceutical Society), with a view to supporting the CHC.

**Rates consultation:** The 1984 Rates Act requires local authorities to consult local industry and business before fixing levels of rates. It was agreed to remind NPA members of this.

## RPA offers olive branch to DDA

**The Rural Pharmacists Association and the newly formed Dispensing Doctors Association could be working side by side if a proposal by an RPA council member is accepted.**

Mr Keith Jenkins has written to Dr David Roberts, DDA chairman, offering co-operation with DDA members. Mr Jenkins also proposes a motion for the next Branch Representatives Meeting to the effect that "... the joint liaison committee should include members of the DDA, RPA and respective ethical committees of the Pharmaceutical Society and British Medical Association and that meetings should be at more frequent intervals than in the past."

Dr Roberts told *C&D* that, personally, he thought greater co-operation would be very useful although he had not yet discussed it with his colleagues.

Dr Roberts was elected at the DDA's first national meeting held last Saturday. About 70 doctors attended. They elected a committee of nine, discussed practice, redistribution and the Clothier agreement. But discussions were truncated somewhat by a debate on the limited list proposals which the meeting was against.

The Association has set up a pyramid telephone network for disseminating information to colleagues. So far one third of the country's dispensing doctors are paid-up members of the DDA.

## Salbutamol case — judgment soon

**Mr Justice Faulkner has reserved judgement on Allen & Hanburys' application to restrain Generics (UK) Ltd from the threatened importation of unlicensed salbutamol from the EEC.**

The case was heard in the Chancery Division of the High Court and judgement is expected shortly.

Generics (UK) Ltd wish to utilise their own UK product licenses to manufacture their own salbutamol aerosol and tablets, but A&H are seeking to prevent them from importing raw material from the EEC.

Generics (UK) Ltd are understood to have turned down a simple supply arrangement offered by A&H and are insisting upon marketing their own generic product.

## Date for sale of spectacles

The opticians' monopoly is to end next month, the Department of Health announced this week.

From December 10, retailers other than opticians will be able to sell glasses to anyone over 16 who is not registered blind or partially sighted. An Order allowing the change has been made by the Privy Council.

Anyone wanting to buy glasses from a retailer must have a prescription signed in the past two years by an ophthalmic optician or doctor. The Order prohibits glasses made of certain inflammable materials and requires all lenses to be made of material conforming to British Standards. Retailers who sell anything other than simple reading glasses will have to take certain facial measurements and check the accuracy of the finished glasses.

The Order is being made under Section 1(1) of the Health and Social Security Act 1984. Another Order extends the exemption from VAT for the supply of corrective spectacles to authorised retailers. The VAT (Optical Appliances) Order 1984 (SI 1984 No 1784) has been laid before Parliament and is expected to take effect from December 10.

Mr Neil Kinnock and other front bench Labour MPs this week tabled a motion against the SI and this will ensure the matter is debated.

## Catapres recall

**Pharmacists should return packs of 250 Catapres tablets 0.1mg batch number 29654 to wholesalers for credit because of suspected contamination with an inert plastic material.**

Manufacturers Boehringer Ingelheim say the possible level of contamination is low and there "is no hazard to patients." Nevertheless they want to retrieve as many packs as possible. Both complete and incomplete packs should be returned.

## Double Dutch

A number of 150ml bottles of Sebamed Liquid have been wrongly packaged in "Dutch" cartons. Any retailer or wholesaler finding these packs is requested to inform the order office of A.H. Robbins at Langhurst, Horsham, West Sussex RH13 5QP to arrange return and replacement.

*Chemist & Druggist 24 November 1984*



Elaine Horton  
Ruth Parnell  
Vanessa  
Honeybourne  
Ellen Reeves

Joan Gillatt  
Gladys Nunn  
Maureen Bradley  
Gay Arrowsmith



Penelope Durrant  
Catherine Clark  
Dianne West  
Helen Richards

## Coming shortly: C&D's assistant of the year

**Once again the grand final of the Chemist Assistant of the Year is almost upon us. No doubt making last minute preparations for the day and swotting up on likely questions will be the 12 finalists who have been carefully selected from the many who sent in entry forms.**

The Competition, open to all assistants employed for a minimum of 16 hours a week in community pharmacies, has attracted entries from all over the UK.

Sponsoring this year's competition are Vichy and May & Baker, both of whom are well known for their support of community pharmacy and the training concept. Vichy will be represented on the panel of judges by Diane Miles, who will be joining *Chemist & Druggist* Editor John Skelton, chairman of the National Pharmaceutical Association Leslie Calvert and Roy Foster of Independent Chemists Marketing Ltd.

The final takes place at the Sheraton Skyline Hotel, Heathrow, on Thursday November 29. If previous finals are anything to go by the day promises to be a thrilling occasion for all involved. Past contestants, while admitting to a certain amount of "pre-exam" nerves, have remarked on how much they enjoyed it and all said it was a day to remember.

The day starts with the competitors being introduced to the judges, and after they've been put at ease, they then face the panel to demonstrate their expertise, answer questions, and of course show off their customer appeal. This year the emphasis is very much on training — a factor which has brought the National Pharmaceutical Association into even closer involvement with the Competition.

The finalists face the judges in two separate 10-minute morning and afternoon sessions. The areas in which they will be

marked are product knowledge, customer relations, shop procedure and merchandising.

Business is interrupted at mid-day by lunch on the Sheraton Skyline subtropical covered patio, when contestants and judges will have the chance to mix informally and swap notes. The climax of the final comes with the presentation of the prizes in the afternoon. It is then that the winner of the £1,000 cash prize is announced plus the two runners-up who will receive £500 and £250. Nor is the assistant's trainer forgotten, as the pharmacist who signed the winner's entry form will also receive £250.

Assistants taking part in the grand final are: Helen Richards, Edwards Chemist, 49 High Street, Crediton, Devon; Dianne West, John Megson Chemist, 15 Queens Parade, Hanger Lane, Ealing; Gladys Nunn, M.E. Box Chemist, 264 Kirkdale, Sydenham, London; Elaine Horton, T.W. Crompton Chemist, 193 Langworth Road, Salford, Manchester; Gay Arrowsmith, Rogers Pharmacy, 26-28 Osborne Road, Southsea; Joan Gillatt, J. Barrit, 37 Chanterlands Avenue, Hull. Penelope Durrant, E. Moss Ltd, High Street, Cranleigh, Surrey; Maureen Bradley, Plumbs Pharmacy, High Street, Bishops Waltham, Hants; Catherine Clark, H.C. Liddle Pharmacy, 153 Ayr Road, Prestwick; Vanessa Honeybourne, D.M. Apps Pharmacy, 1 Dorchester Road, Weymouth, Dorset; Ruth Parnell, C.H. Ashton Pharmacy, 9 New Chester Road, New Ferry, Merseyside; Ellen Reeves, P.Baggaley, 131 Alcester Road, Moseley, Birmingham.

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## Scottish PSGB '100' not out

**Over 1,000 people visited the pharmacy exhibition at the Scottish Department of the Pharmaceutical Society during its centenary celebrations last week.**

The week was a great success, assistant secretary Dr Lindsay Howden told *C&D*. There was a good deal of interest from the public, which was probably due to good Press and local television coverage, Dr Howden said. And pharmacists from all over the world visited, including some from the USA.

Meetings during the week were well attended; about 200 went to the conversazione, for example.

Dr Howden said he was pleasantly surprised by the week's success "but I'm glad we won't be doing it again for another 100 years!"

## Logo guidance

Reproduction of the Pharmaceutical Society's new symbol on dispensing labels, stationery and counter bags, and lapel badges in accordance with the guidance notes issued recently (last week p902) may only be done from artwork authorised by the PSGB.

The Society has emphasised that any unauthorised reproduction would constitute an infringement of its copyright.

The artwork is available, free of charge, on written request to the Society's director of public relations, Philip Paul. Applications should state the use for which the artwork is required.

Welsh signs bearing the symbol and the words "Fferylfa" and "pharmacy" are now available from the Society's licenced supplier.

## Numbers up

**The number of pharmacies on the Pharmaceutical Society's list of registered premises increased by 49 to 11,079 in October. It is the biggest rise this year and double that of the same time last year.**

England (excluding London) gained 37 with 46 additions and nine deletions. London saw an increase of eight with 10 additions and two deletions. Scotland had an increase of three — five additions and two deletions — while Wales had one addition and no deletions.

## All change for pharmacy

I remember as a youngster having to change from one tram to another in the city where I went to school, and the "stop" where that antediluvian vehicle ground to a halt when it joined another line. I remember the conductor's cry which one of the older boys, whose voice had broken, managed to imitate so successfully that we all got off a stop too soon. Since the teacher alighted last, he had the chagrin of seeing the tram depart, knowing we would miss the other connection. Lovely, it was, walking as a straggling snake-chain through the centre of town, though the pleasure was to be paid for in full later. Unexpected changes, though disconcerting, do have a certain stimulating effect.

Everyone of us, including the Pharmaceutical Services Negotiating Committee, must be wondering how the Government's bombshell announcement that it was going to limit the range of medicines to those on an approved list will affect us. Fortunately it isn't going to happen overnight. I am looking ruefully at a substantial winter buying of a certain cough mixture which may take some moving.

To be frank, most of us, if we are prepared to be honest, know that if we, as experts, had been asked to reduce the drug bill, we would have done the same thing.

The philosophy of allowing the prescriber to exercise his judgement in complete freedom so as to give the product which, in his opinion, is the very best, is wholly admirable. But it is hard to picture the conditions which applied when this really meant something.

For instance, when doctors for the first time could order products which had formerly been too expensive for most patients to pay for. And lifesaving drugs at that.

But human nature turned the NHS scheme into a travesty of the high-minded vision. Patients demanded as of right full-time permanent rosy health. Doctors lost sight of the realities of cost in acquiescence to patient expectation, with the luxury of open-ended ordering encouraged by a powerful innovative drug industry. An industry that was, of course, was not backward in promoting the view that in their products lay the answers to most of life's little problems.

Forty years on, this simplistic (or highly scientific) approach is being challenged by more than the Government. People

have been alarmed by the problems which have surfaced over the years. There grows a realisation that many of the ills for which treatments have been given as a matter of course, though being eased, may remain submerged or unresolved, only to surface later.

There is a swing of opinion towards a more healthy way of looking at life, of accepting responsibility for oneself. Within limits, of course, thinking positively about amending life styles rather than swallowing medicines.

On the whole, I find myself in agreement with the preliminary lists which the Government are putting out, though I see phenomenal problems for us if we are expected to judge what products are being prescribed for. Indigestion. How will we stand regarding the various products other than cimetidine, which are given for stomach ulcers? Will the doctor have to endorse the script to indicate the use? It's going to be a right old tussle.

But what an opportunity for the National Pharmaceutical Association to thump home the PR programme! We really ought to think about personal interviews on local and national television, to explain how we can help the patients make proper choices in future. And, I suggest, try to get an acceptance of an element of fee for the advice being given.

## What price good advice?

Which brings me to another point. I sell mist kaolin and morph in my pharmacy. I personally handle most sales, and always make certain the use is appropriate. I charge 95p for a 200ml bottle which I buy in, a dozen at a time. Recently a customer queried the price. He could get it for 65p. I didn't argue, merely pointed out that I was required to supervise sales, which I did and maybe valued my professional input more modestly than did many others.

"What about mist mag trisil?" he asked. "The same price," I said. "Well, I can get it for 59p at Boots and 49p at the chemist next door. You're ripping me off."

"Perhaps," I said, "But when you want advice about rat poisoning, or hair dyes or weed killers, or allergies or malaria, or the dose of tablets you got at the other chemist, I might still be here when you need it."

I would like Boots to come up with a justification for their price structure for these "simples", which allows nothing for professional input. Unless, of course, my customer is telling a whopper. As for the idiot next door who sells it at 49p, what's he trying to do? Put Boots out of business?

# Benylin Fortified Linctus the formulation for Dry Coughs



- Built on the established name of Benylin, your No.1 choice for cough relief.

- Fortified with dextromethorphan hydrobromide an effective anti-tussive!

To alleviate the special problems of the dry irritating cough, Benylin Fortified Linctus contains dextromethorphan hydrobromide which is a well tolerated and effective anti-tussive!

Benylin Fortified Linctus is an ideal recommendation in every pharmacy for the relief of dry coughs.

# Benylin, No.1

**WARNER  
LAMBERT**

needed. DEQUACAININE is not suitable

DO NOT USE THE CONTENTS OF ANY STRIP

KEEP ALL MEDICINES OUT OF THE

Each lozenge co

Dequalinium Chloride BP 0.0114% W/W. B  
in a sugar base, flavoured with menthol,

# If Dequacaine stronger, you be able to so

Dequacaine is a new remedy for severe sore throats.

There is no stronger brand you can sell without a prescription.

Each lozenge contains the maximum O.T.C. dose of Dequalinium Chloride, an anti-

microbial agent specifically recommended for the treatment of sore throats.

And a full 10mgs. of Benzocaine, a local anaesthetic which works immediately.

This formulation is unique, complete and effective.

children under 12 years.

CH HAS BEEN DAMAGED

H OF CHILDREN



ins:

caine BP 0.4545% W/W  
nor and peppermint oil



ne were any  
I wouldn't  
it.

The only stronger recommendation you can make is to see a doctor.

Which is one reason why we'll be informing G.P.'s about Dequacaine's superior formulation with heavyweight advertising and sampling throughout the winter.

**Dequacaine**  
24 LOZENGES

FAST, EFFECTIVE RELIEF  
FOR SEVERE SORE THROATS

- Powerful Local Anaesthetic
- Combats Bacterial Infection
- Soothes Irritation

% Volume Sales

Soft & Pure, as you can see from the graph on the left, is Britain's fastest growing cotton wool. Sales of our cosmetic pads rose 61% in 1983.

In fact Soft & Pure now enjoys a 34.2% market share, which makes us brand leader.

Now we have two new products to join our range.

Soft & Pure Wipeaways. One for nails and one for make-up.

In a simple wipe, women will be able to remove make-up or nail-varnish without the need for countless bottles and reams of tissue.



Which is why new Soft & Pure Wipeaways are going to be such a runaway success.

The packs will look great on the shelf (yours and hers), while the Soft & Pure name is one both of you know and trust.

To get things off to a good start we're backing Wipeaways with a £250,000 spend in women's press as well as a special introductory bonus.

All the more reason to start stocking new Soft & Pure Wipeaways now.

New Soft & Pure Wipeaways

  
**Robinsons**  
of  
**Chesterfield**

HOW LONG BEFORE  
YOU COTTON ON TO OUR  
NEW WIPEAWAYS?

## Baby foods fail to meet expectations

The prosperous outlook for the baby food market predicted by Mintel in 1981 has failed to materialise, says the company in its 1984 report published this month.

The reason is the decline in the birth rate to which the baby foods market is inextricably linked. However, a consistent growth throughout the 1980s is forecast, say Mintel.

The market is split into five sectors: meals, milk, rusks, cereals and syrups worth about £120m in total in 1983, say Mintel.

The largest sector — baby meals — was worth about £48m at rsp in 1983. It is the area which behaves most like a conventional consumer product with relatively strong distribution in grocers mainly because of the strength of Heinz, more than 80 per cent of whose sales are in grocers, says the report.

Heinz lead the baby meals sector with 45 per cent of sterling sales, say Mintel. Robinsons Baby foods are second with 15 per cent, the same as Milupa. Cow & Gate and Boots take 10 per cent, says the report.

Robinsons lead the dried food sector which accounts for about 40 per cent of the total value of the baby meals market.

As for retail distribution, grocers take the lion's share with 46 per cent of sterling sales. Boots take 33 per cent and independent chemists 21 per cent.

The £46m milks sector has not grown significantly, say Mintel, but the soy sector remains buoyant.

Wyeth have the leading brand with SMA (45 per cent of sterling sales last year), Farley are second with Ostermilk followed by Cow & Gate. As with meals, Cow & Gate's traditional strength is through chemists, with 30 per cent of their milk sales going through these outlets. Indeed, chemists remain a dominant force in retailing formula milk with almost half of sterling sales.

Chemists have been increasing their share along with grocers mainly at the expense of clinics, say Mintel.

The rusks market was worth around £12m last year according to the report and dominated by Farley with a 76 per cent sterling share. Predictions that the low sugar type rusk would take over as the main variety have not been fulfilled so far, say Mintel.

Retail distribution is split more or less equally between chemists and grocers.

Cereals were worth about £4m last year

with Robinsons the brand leaders.

Syrups and juices were worth about £10 last year, with about three-quarters of the market attributable to syrups. Delrosa leads with a 55 per cent sterling share in 1983, says the report.

It is difficult to identify real opportunities in the baby food market despite its size, say Mintel. But there are a few glimmers of opportunity for expansion: natural fruit drinks from Robinsons and Cow & Gate could revitalise the drinks sector.

Natural, healthy, salt-free, low sugar products have given much of the industry a fresh image and a genuine chance to relaunch their products to the consumer. Opportunity exists even in the restricted baby milks market, say Mintel, as may be seen in Wyeth's Progress. *"Mintel Market Intelligence Report on Baby Foods", November 1984. £55 from 7 Arundel Street, London WC2R 3DR.*



A dozen 20-tablet packs fit into this new free-standing counter dispenser for Feminax tablets. A sales message faces the customer while access to the product is from the back. The dispenser is available free from Nicholas representatives or direct from Nicholas Laboratories Ltd, 225 Bath Road, Slough SL1 4AU

## £1 off Band-Aid

Johnson & Johnson are offering £1 saving on orders of Band-Aid fabric plasters. The offer is limited to one order per retailer which must be for a minimum of one pack of fabric pre-cut plasters 7s, 20s or 35s. The promotion closes March 1985. *Johnson & Johnson Ltd, Brunel Way, Slough, Berks SL1 4EA.*

## Listwood makes electrical sense

Four newcomers from Listwood are joining the company's range of small electricals.

Multivoltage (110/240) Travelsense irons with variable temperature controls, non-stick soleplates and detachable handles come in two models. The LW900 (rsp £9.99) is a dry iron and the LW901 has a spray facility with a clip on-water chamber (rsp £10.99).

The two other new products are Slimsense muscle toners, packed in beige moulded polypropylene briefcases. A four pad version (FAR/4PIC) retails at about £39.95 and the ten pad version at £79.95. Both models feature variable pulse control, a pulse monitor light and a 12 month guarantee.

Listwood's Hairsense range is to be supported by full-page advertising in the specialist consumer press in December. The turbo pro dryer, lightweight curling tongs and the hot brush are the products featured.

Listwoods have recently appointed the Valley agency of Co Antrim as their sole Northern Ireland distributor. *Listwood Ltd, 6 Market Road, London N7 9PP.*

## Wholesome support

Robinsons have announced a pre-Christmas promotion to support their whole fruit drinks range.

Whole orange and whole orange, lemon and pineapple will be offered in 1.2 litre 20 per cent extra bottles. While 1 litre bottles of apple and blackcurrant juice and apple juice drink will bear 5p off next purchase coupons. *Reckitt & Coleman Products Ltd, Dansom Lane, Hull.*

## Nappy leaflets

Leaflets advising mums on preventing nappy rash, laundering Terry towelling nappies and a cost comparison between terries and disposable nappies are available from the Nappy Advisory Service.

"Towelling nappies can save you £7.52 a month", "Easy laundering for Terry towelling nappies" and "Golden rules for preventing nappy rash" are available free on request with a stamped addressed envelope (at least 8½in x 4in) from *Nappy Advisory Service, 3 Elgin Road, Sutton, Surrey SM1 3SN.*

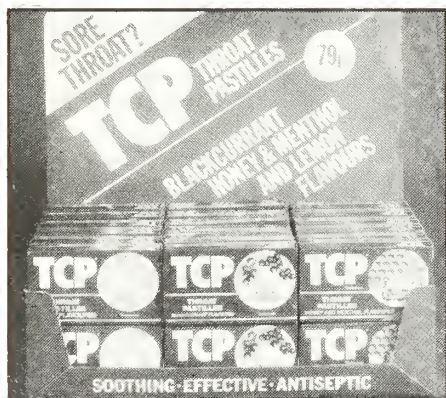
## TV and Press push for TCP

Unicliffe are launching their biggest ever television and Press campaign for TCP with a £1.8m spend.

A television push for TCP throat pastilles will start on December 27 in Tyne Tees, Yorkshire, Granada and Central regions with a national equivalent spend of £300,000. The campaign, which continues through to the end of January, is an extension of last year's television test in Tyne Tees and Yorkshire which, says Sara Sorby, senior marketing manager, led to "significant" market gains.

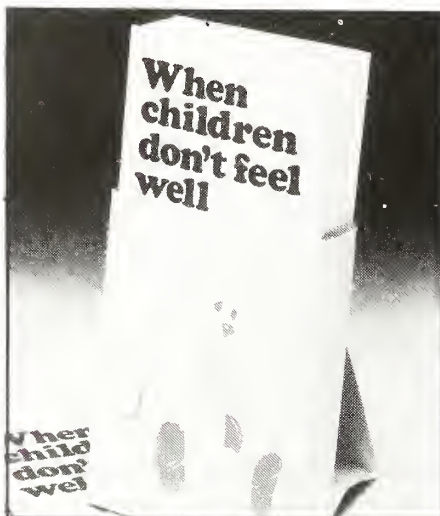
TCP pastilles will also feature in a series of Press advertisements running from January 1 to the end of March in national daily and Sunday newspapers including the *Daily Mail*, and *Daily Star*.

TCP liquid is currently being advertised in the Press and the campaign will continue through to the New Year. TCP ointment is to be advertised from December 1 to August 1985. Both campaigns involve advertisements in national daily and Sunday magazines, general interest journals and women's Press.



A counter display unit holding 36 packets of TCP throat pastilles is available to chemists from Chemist Brokers.

The unit can be obtained from the company's salesforce or through the post. It holds a dozen packs of each flavour of pastilles — blackcurrant, lemon, and honey and menthol. *Chemist Brokers, division of Food Brokers Ltd, Milburn, 3 Copsem Lane, Esher, Surrey KT10 9EP.*



A small format folder for health visitors has been produced by the makers of Junior Disprin. The two-colour folder comes in a dispenser unit for counter or wall mounting. Entitled "When Children Don't Feel Well" the folder explains what Junior Disprin does, giving a table of dosage for different age brackets in the one to nine group. *Reckitt & Coleman Products Ltd, Pharmaceutical Division, Dansom Lane, Hull*

## Carnation split up Build-up

Carnation are altering the format of the Build-up hospital pack from 1 x 48 sachets to 2 x 24 sachets.

The existing case will contain two polythene pouches, containing 24 sachets together with a data card detailing nutritional information.

Additional flavours of lemon and lime and mandarin are only available in the hospital packs. *Carnation Ltd, Health Care division, Danesfield House, Marlow, Bucks SL7 2ES.*

## Top US shaver

The top honour for shaving performance was awarded to Remington's XLR 3000 shaver last week in the November issue of *Consumer Reports* — the American equivalent of *Which?* magazine.

The USA shaver market of some 7 million units is the largest in the western world. Remington have grown in brand share from 20 per cent (1979) to 45 per cent (1984) by concentrating advertising on the Micro Screen range say *Remington Consumer Products Ltd, Apex Tower, Malden Road, New Malden, Surrey.*

## Shulton spice up the New Year

Shulton is promoting its Blue Stratos and Old Spice ranges with price savings and value offers in January.

Blue Stratos, which Shulton claims is the fastest growing men's brand, has two volume building sales lines.

Blue Stratos pre-electric is offered at £1.95 versus the normal retail price of £2.65, and aftershave lotion is reduced by £1 for offer at £2.99.

Old Spice aftershave will be offered at £2.49, for the 150ml size, 50p off normal retail price. Giant size cans of deodorant and anti-perspirant promote a "50 per cent extra-free" message with 225ml for the price of the 150ml size. A 500ml size Old Spice shampoo is offered for the price of the standard 250ml (£1.25).

These offers are available from Shulton representatives from January. *Shulton (GB) Ltd, Alexandra Court, Wokingham, Berks.*

## Infusing over hangovers

A "hangover comforter" — the Morning After Herb Draught — has been introduced by London Herb & Spice. It contains no chemicals or drugs, only herbs and spices, and is packed in individual sachets (similar to tea bags), presented in 60g boxes containing ten sachets (£2.75).

One sachet is placed in a teapot, to which one pint of hot water is added and left for five minutes before drinking. Ideally, it should be drunk before going to bed and in the following morning, the company says. *London Herb & Spice Co Ltd, 18 Selsdon Road, South Croydon, Surrey CR2 6PA.*

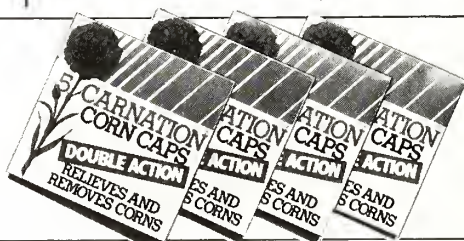
## Diajel display

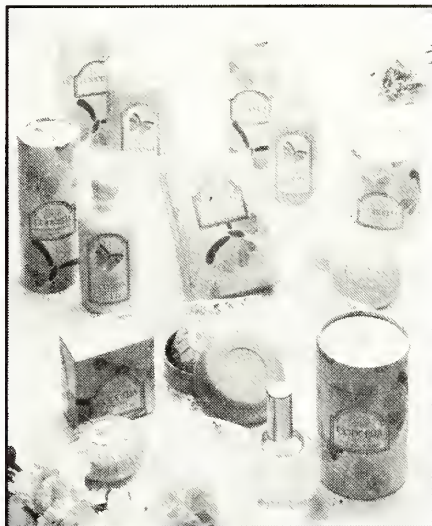
New counter display units for Daijel sugarless jelly are available from *Ernest Denton & Co Ltd, Crediton, Devon.*

# CARNATION

## The Corn Cap that's asked for by name.

Cuxson, Gerrard & Co (Dressings) Ltd., Oldbury, Warley, West Midlands B69 3BB





## P&M launch bath range for the young

A new bath collection aimed at the younger sector of the market called Coppelia has been launched by Potter & Moore.

Economic pricing and youthful appeal make Coppelia a powerful volume line addition, says the company. The range comprises: soap (100g, £1.25, 2 x 100g, £2.50), bath and shower gel (£2.50), moisturising body balm (£2.50), foaming bath oil (£2.50), bath grains (6 x 30g, pack, £2.10), cologne spray (£4.25) and soap traveller (200g, £1.35).

The collection is presented in pastel coloured drums, bottles and boxes with a butterfly design printed on a polka dot background. The fragrance is described as fresh and young with green top notes, plus jasmine, rose, carnation and ylang ylang against a background of vetivert and sandalwood. *Potters & Moore, Lincoln Road, Werrington, Peterborough.*

## Cut and thrust in razor market

More people, both men and women, are going to the supermarket to buy their razors and blades, according to Mintel Market Intelligence Report on shaving equipment.

Some 36 per cent of the purchasers in the £46 million wet shave market, buy from a supermarket, compared with 39 per cent who buy from the chemist (Boots alone account for 25 per cent).

The results, based on a survey of 1,052 adults, show that 96 per cent of men and 59 per cent of women shave on a regular basis.

The disposable single blade razor is the most popular method among both men *Chemist & Druggist 24 November 1984*

(33 per cent of shavers) and women (35 per cent). The disposable twin blade is used by 20 per cent of men and 10 per cent of women, and refillable razors, either double or single blade, by 19 per cent of men and 7 per cent of women.

Dry equipment users go to Boots to buy 25 per cent of their needs, and electrical multiples take a similar share. Some 27 per cent of men who shave use an electric mains razor (women 5 per cent), and "ladies'" razors account for 14 per cent of female shavers.

Mintel suggest that the market for ladies' dry razors has peaked, but there is still potential for growth in wet razors, especially disposables.

In the male market, the boom in disposables continues. Intense competition between the three leading manufacturers, Gillette, Wilkinson Sword and Bic, led to advertising expenditure in 1983 reaching £4.9m with three-quarters of this coming from Gillette. Despite this, Bic, with nearly 30 per cent of the market is only slightly behind its rivals.

However, Mintel suggests the boom is unlikely to continue much longer since it is ultimately governed by the size of the wet shaver market, which is static. "Mintel Market Intelligence Report on Shaving, November 1984." *Mintel reports are available on subscription from KAE House, 7 Arundel Street, London WC2R 3DR.*

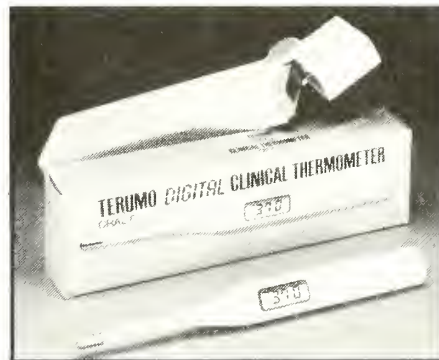


Health Factor have introduced four supplements under the Natural Selection banner. Bee pollen comes in hard geletine capsules of 290mg of pollen (30, £1.55). Feverfew capsules 250mg (45, £1.85), rosehip capsules 300mg (50, £1.85) and stinging nettle capsules (50, £1.35) are other products added to the range. *Health Factor Ltd, Gilmorton Road, Lutterworth, Leicestershire LE17 4DU*

## Afrazine bonus

Kirby-Warrick are offering bonuses on Afrazine menthol nasal decongestant.

Supporting the new Afrazine OTC packaging for an eight week period, Kirby Warrick are offering one free Afrazine menthol with every 12 ordered, and four free with every two dozen. *Kirby-Warrick Pharmaceuticals, Mildenhall, Bury St Edmunds, Suffolk.*



## Battery power thermometer

New from Rand Rocket is the Terumo digital clinical thermometer. The thermometer (£20.30 per unit trade) comes in a plastic carrying case and shows the patient's temperature in digital figures in a 20 x 8mm window.

Made of pale cream plastic, it includes a power check indication mark in the side panel, and will take a temperature within 45 seconds — a bleeper indicates when the temperature is ready for reading. The thermometer automatically turns itself off when returned to its carrying case. *Rand Rocket Ltd, Sharps Way, Cambridge Road, Hitchin, Herts SE4 0JA.*

## A Vestric Xmas

Vestric have announced their Christmas offers for December. They are:

Timotei shampoo twin-pack (exclusive to Vestric customers), Bristow hairspray, Limara, Pennywise, Colgate, Belle Colour, Silkience, Vosene, Steradent, Pampers, Wella Stylite mousse and Dr Whites.

Vestric's 'Family Health' range has cold sore cream, cough linctus and vapour rub on bonus. The photographic range has on offer Kodak and Hanimec disc cameras and Agfa films.

Vantage members' own-label range include bonuses on multi-vitamin, multi-vitamin and iron, pull-on-pants, snap-on-pants and mansize tissues. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

## Braun in print

Braun are running a £300,000 print campaign on a "smooth" theme, running throughout November and December.

Colour advertisements featuring the men's shaver range will appear in women's interest magazines. Womens magazines and colour supplements are running the Lady Braun Elegance campaign during the same period. *Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sudbury-on-Thames, Middlesex.*

## What's brewing at home

The money-saving benefits of home-brewing and wine making should be far better promoted to the public, says Mintel's recent Leisure Intelligence Autumn report on home brewing and wine making.

With the increasing cost of drinking out and a trend to indulge at home Mintel sees a real opportunity for rapid growth in the home brewing/wine making market. Research commissioned by the company shows that over 75 per cent of adults claim not to have made any beer or wine at home over a six month period. The reason given most often was that they could not be bothered; a high proportion said it was too messy and took too long to get results. But only 9 per cent said they disliked the taste of home made wine of beer.

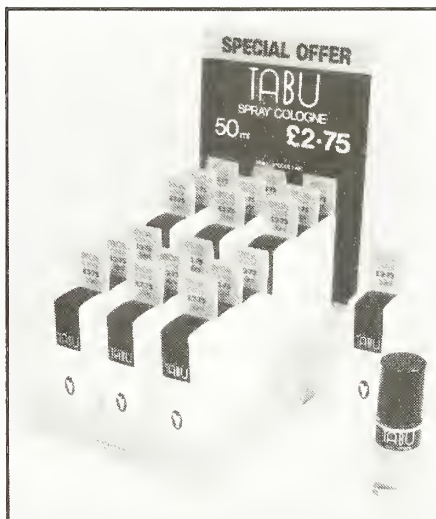
Widening distribution has helped sales, particularly stocking by grocery outlets. Mintel forecast that as Britain slowly moves towards one-stop shopping consumers may be more inclined to try home brewing if they can include the purchase in the weekly shop.

One black cloud hanging over the market however, is the suggested excise duty on home-brew kits because the Government is losing about £50m a year in revenue, say Mintel.

Despite the lack of awareness of the cost effectiveness of "Making your own", the market for home-brewing/wine-making products has grown rapidly enough in the past two years, say Mintel, being worth £60m at rsp in 1983 compared with £40m in 1981.

Boots take much of the credit for stimulating the market in the late 1970s through marketing and educational campaigns. Boots continue to dominate the beer ingredients market, with 30 per cent, followed by John Bull with 26 per cent and Tom Caxton with 18 per cent. Continental Wine Experts leads the wine ingredients' market with 25 per cent in 1983, followed by Unican with 23 per cent and Boots with 19 per cent, says the report.

Television advertising is playing an increasing part in manufacturers' marketing support efforts, but Mintel maintain that the market would grow still more quickly with more aggressive and competitive marketing to bring the benefits of home-made wine and beer to a wider, and perhaps younger audience. Mintel Leisure Intelligence Report on Home-Brewing and Wine Making, Autumn 1984 from 7 Arundel Street, London WC2D 3DR.



Dana Perfumes are welcoming in the New Year with an offer on 50ml Tabu cologne spray. The spray will be available either as individual pieces or in an eight piece display unit. A perforated extension shows the offer details. With delivery dates from December 1 the cologne spray costs £1.53 (trade) by piece and £27.54 by display, while stocks last. *Dana Perfumes Ltd, 45a Crusoe Road, Mitcham, Surrey*

## Smelling sweet

Kandell Designs have introduced a pot pourri refresher oil (7ml, £1.85) to liven up jaded pot pourris. *Kandell Designs Ltd, Lonsdale Road, Kilburn, London.*



Brian Christie, MPS, (left) winner of the Vestric sun spectacular competition which was run in conjunction with Johnson & Johnson receives his prize of a two-week holiday in Cyprus from Johnson's local district manager Jim Flynn. Mr Christie is pictured with his wife.

## Hymosa display

A display unit for the new sachets of Hymosa shampoos and conditioner is available.

Trade price for the unit which holds two dozen sachets is £2.78 (recommended selling price £0.20 a sachet). *New Era Laboratories Ltd, 39 Wales Farm Road, London W3 6XH.*

## Picture this

Regency Film Service are introducing three special offers for Christmas.

From November to mid-December, any Regency customer ordering a 7x5in enlargement will receive a second 7x5in enlargement free of charge. In addition, with each set of Regency pictorial table mats ordered, a free set of pictorial drinks mats will be provided.

For customers ordering six or more reprints, a special Regency Christmas card, designed to hold a photograph, is provided free with each reprint. POS material is available to support the offer. *Regency Film Services, 476 Hertford Road, Enfield, Middlesex EN3 5QU.*

## R&C heart offer

For every pack of 24 Disprin sold Reckitt & Colman will contribute 3p to the British Heart Foundation.

As well as helping to raise £10,000, consumers will be able to find out more about the work of the BHF by writing to the address given on the pack. *Reckitt & Colman Products Ltd, Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.*

## ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television	C4 Channel 4	

Askit powders:	So,B
Blue Stratos:	All areas
Cidal soap:	Bt,C4
Clairel bodybuilder and powerbuilder hairdryers:	All areas
Coldcare capsules:	All except U
Comtrex:	All areas
Duracell batteries:	All areas
Hill's balsam:	M
Hill's pastilles	Bt
Karvol:	All areas
Oil of Ulay:	All except U
Old Spice:	All areas
Oxy Clean cleaner and pads:	Lc
Philishave:	All areas
Revlon Scoundrel:	All areas
Sanatogen:	Bt
Seven Seas Health Care cod liver oil:	M,WW,C4,A
Simple soap and skincare:	Ln,M,A,
Sinutab:	All areas
Strepsils:	All areas
Vicks Sinex nasal spray:	All except U
Wilkinson Sword Retractor:	All areas
Yardley:	All areas



**Could your average  
plaster take care of a  
cut this size?**

# No.1 in HairCare

Lady Jayne means the very latest in hair fashion styles. New, exciting products launched regularly. All packaged in eye-catching pastel colours, that harmonise perfectly, to create in-store excitement.

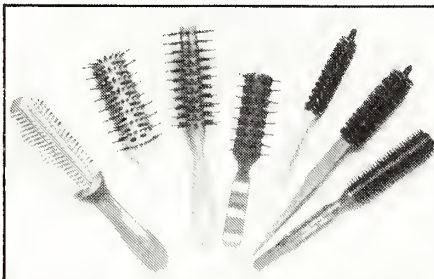


A selection from the vast, ever-changing range of Lady Jayne Hair Fashion Accessories. The signature on the Brand Leader is

*Lady Jayne*

Laughton & Sons Limited,  
Warstock Road, Birmingham  
021-474 5201

## COUNTERPOINTS



Rand Rocket have introduced the Rainbow collection of hairbrushes available in red, blue and yellow plastic. The range comprises seven brushes: Hairflo (£1.04), pro curl (£0.55), vent (£0.52), mini-vent (£0.49), radial vent (£0.78), and small and large bottle brush (£0.69 each). *Rand Rocket Ltd, Sharpes Way, Hitchin, Herts.*

### Fairy tale offer

Chesebrough Pond's are running a Christmas promotion featuring children's story books with Vaseline petroleum jelly.

"Fairy tale houses" story books (4in high) contain 24 pages of children's stories such as Hansel and Gretel. Each "house" has a recommended selling price of £2.95 but the promotion allows consumers to buy one and receive one free.

The offer appears on sizes 3 and 4 variants of Vaseline petroleum jelly and is supported by leaflets and shelf strips.

"We believe this seasonal promotion will help encourage Winter sales and start 1985 on a high note", says brand manager Richard Gough. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.*

### Proflex on TV

"Winter nags" is the name of the national television campaign supporting Proflex which starts on December 17 for five weeks. The £34m campaign features a 40- and 20-second commercial, and there is new POS material available. *Ciba Consumer Pharmaceuticals, Wimblesbury Road, Horsham, West Sussex.*

### Krazy nails hit UK market

Following a launch in America Kirsty Wells have introduced Krazy nails repair kits to the UK market.

The range features a nail tips kit (24 tips, £4.95) which are applied to the edge of the nail. The Ultra Krazy nails kit (£5.95) includes crystalex glue which, claims the company, eliminates the ridge which can appear when a nail tip is applied. Other products include glue (£1.75), and an invisible nail mender kit (2.75). *Scanda Sol Ltd, 164 Edmund Street, Birmingham.*

### Sports support

Crookes have launched a £100,000 advertising campaign to support the Crookes Sport range.

Running in the *Sun*, *Daily Mail*, *The Times*, *News of the World* and *Sunday Express* until February 1985, there are four separate advertisements, on the heat spray, massage embrocation, freeze spray and antifungal foot foam. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NE2 3AA.*

### Yardley push

Yardley are spending £2½m on a television advertising campaign starting on November 29 and continuing to December 20.

The commercial to be screened nationally, will feature Lace, Pure Silk, ESP, Chique, Liberty plus many other products. *Yardley of London Ltd, Miles Gray Road, Basildon, Essex.*

## PRESCRIPTION SPECIALITIES

### Erythroped A tabs

**Manufacturer** Abbott Laboratories Ltd, Queensborough, Kent ME11 5EL

**Description** Yellow oval tablets, film-coated with the Abbott logo impressed on one face containing 500mg erythromycin as the ethylsuccinate. Contains no sugar

**Indications** Prophylaxis and therapy of diseases caused by organisms sensitive to erythromycin

**Dosage** Adults and children over eight years old: 2g per day in divided doses. Up to 4g per day in divided doses for severe infections. Children up to eight years old: 30mg per kg body weight per day in divided doses. Up to 50mg per kg per day in divided doses for severe infections.

**Contraindications, warnings etc** As for other preparations of erythromycin ethylsuccinate

**Packs** Securitainers of 100 tablets (£17.25 trade) or 500 tablets (£86.25)

**Supply restrictions** Prescription only  
**Issued** November 1984.

*Chemist & Druggist 24 November 1984*



# No, but Cushioncare™ can.

For two reasons.

Firstly, as you can see above, it's much larger than your average plaster.

Which makes it a convenient alternative to ointment and bandages.

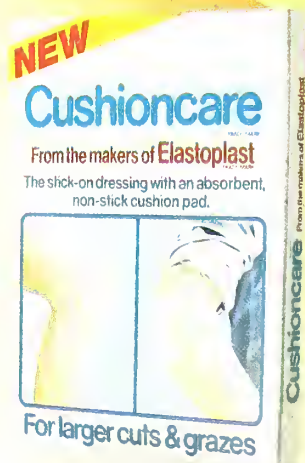
Secondly, as you can't see above, it has a comfortable cushion pad of highly absorbent non-stick MELOLIN™ surrounded by a very sticky low allergy adhesive material called HYPAFIX™.

So it gives greater protection than your average plaster.

And, with the national consumer campaign about to break in February, plus the fact that it's from the makers of Elastoplast™, you'll now be able to recommend Cushioncare™ with confidence for those larger cuts and grazes.

Until recently a product like Cushioncare was only available in hospitals, now it's also in pharmacies.

**New Cushioncare™. From the makers of Elastoplast™.**





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We're spending £1 million on national television advertising, so 16 million Mums won't be able to ignore Baby Fresh: the brand new baby wipe from Bowater \* Scott.

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## They Trust Your Advice for Treating Head Lice. And with new Suleo Lotions, compliance has never been easier.

Until now, eradication of children's lice has always been a worry for mothers. They believe the strong, pungent smell of traditional lotions is an instant flag to others that the family has lice. And because 12 hour contact was recommended, this often resulted in extra laundering of school hats and pillow cases.

But now, you can be much more confident of parental compliance with a

louse control regime because International Laboratories have introduced Suleo-M Lotion (with malathion) and Suleo-C Lotion (with carbaryl). This new Suleo lotion range kills head lice and eggs in two hours. After this time, the patient's hair can be washed with an ordinary shampoo. This ten hour advance in speed of treatment enormously enhances the prospect of full patient compliance.

## Suleo-M and Suleo-C Lotions. A Major Step Forward in Louse Control.



Another Guaranteed Product from International Laboratories

## The price we may have to pay

Having glimpsed the future shape of NHS dispensing, rather than raise predictable objections, should we not consider this the best chance yet to break out of the NHS straitjacket into the wider role we seek?

If OTC products are to be excluded from the NHS, the Department of Health must be sympathetic to freeing more products from POM restriction. I expect our leaders to miss this, committed as they are to a charter which actually wants our OTC supplies to be taken onto the NHS. However, whether we take the opportunity or not, there is a price to be paid. The DHSS broke the opticians in order to increase competition and reduce prices. The pharmaceutical equivalent is resale price maintenance, which cannot be defended against determined attack.

This is the reality we must come to terms with. Failure carries a severe penalty; if we are not seen to "compete" we may be deemed undeserving of our "monopoly". If so, the grocers are waiting.  
**A.D. Castell**  
Rainham

## A foot in it...

I find the article in *C&D*, November 10 p824, "NPA's campaign gets national Press boost", interesting. The picture of a foot and the caption telling people with sore feet to consult a pharmacist is not exactly going to please chiropodists.

I know that pharmacists have a large field of knowledge but I think they are well out of their depth in the sphere of chiropody. It has taken me well over 30 years to obtain a good knowledge of chiropody and I deplore the use of such dangerous things as corn pads which can cause more harm than good.

**A. Talbert**  
Urmston, Manchester

## Labeller study

It is now almost a year since the general introduction of printed labels and a large number of computer-based labelling systems have been purchased in that time.

As part of our study into their use in community pharmacy, we would like to contact colleagues who have installed computer equipment, who are willing to share their experiences by answering a short questionnaire. In particular, we are seeking information about the type of computers in use, their applications in the

pharmacy, the quality of supplier support and the benefits/problems encountered.

Anyone willing to participate can contact us at UWIST, King Edward VII Avenue, Cardiff CF1 3NU.

**R.G. Stevens and A.M. Crabbe**  
The Welsh School of Pharmacy.

## Register history

The British Society for the History of Pharmacy has been conscious of the growing interest in historic pharmacy. We

have the evidence of the "resurrecting" of old pharmacies and the interest of museums creating a village or town pharmacy applicable to a period.

There is a growing need for a register to record these details, and to exchange artifacts, experience, knowledge, and advice. Please send details to the secretary (records), BSHP, 36 York Place, Edinburgh EH1 3HU.

**Mervyn Madge**  
President, BSHP  
Plymouth

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# From now on, here's how to address the subject of high quality chemicals and plastics.

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aspirin, maleic anhydride and high-quality rubber chemicals.

Monsanto products find applications in the automotive, construction, electrical, electronics, detergent, food, housewares, leisure, paper and printing, paints and adhesives, pharmaceutical, plastics, rubber and textile industries.

The company also manufactures and supplies technologically advanced products and systems for energy and materials recovery, for environmental control, and for quality testing in rubber production.

Full information is available on request. Monsanto may have a new address in the country, but it always goes to town for its customers.

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Chineham Court,  
Chineham,  
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## Monsanto

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# The kidneys' balancing act: renal disease pt II

In the previous article we looked at some important aspects of renal physiology. We are now in a position to understand how the kidney exercises its control over the body's fluid and electrolyte balance, and what feedback mechanisms govern this. It will then become clear how imbalances arise and what treatments are appropriate. The diagram of the nephron from the previous article is reproduced here for reference (Fig 1).

## Renal control mechanisms

The mechanisms for the control of fluid volumes and electrolyte concentrations are complementary and interdependent. The total amount of water in all three fluid compartments, intracellular, extracellular and vascular, is known as the total body water. This is not monitored directly, but through its effect upon the blood volume and hence blood pressure; see Fig 2. As we have seen, changes in blood pressure are detected by the juxtaglomerular apparatus

(JGA) in the kidney, which controls the renin/angiotensin system. This acts (partly) to alter aldosterone secretion from the adrenal glands, which in turn affects sodium re-absorption at the distal tubule. It must be stressed that this will mainly alter plasma osmotic pressure, not plasma volume directly. Thus a fall in blood pressure first brings about a rise in osmotic pressure: see upper loop of Fig 2.

A complementary system monitors blood osmotic pressure (usually as plasma sodium concentration) via osmoreceptors in the

hypothalamus. This controls pituitary antidiuretic hormone (ADH) secretion, and the thirst centre is also affected. ADH alters the permeability of the collecting duct to water, which will vary the amount of water permitted to be re-absorbed from the ducts back into the blood. Thus, the effect is to alter total body water and not osmotic pressure directly. Consequently, for example, a rise in plasma osmotic pressure will initially cause an increase in body water; see lower loop of Fig 2.

The net result is that changes in total body water initially affect plasma osmolarity, whilst changes in osmolarity affect total body water. At first sight this may seem strange. However, the advantage is that interactions between the two systems allow rapid compensation: they constitute a very sensitive mechanism for constant monitoring and adjusting deviations from normal.

This is best understood by following the system's reaction to a particular disturbance (refer to Fig 2). Consider what happens when blood pressure falls: this is detected by the JGA, aldosterone promotes sodium re-absorption and the blood osmotic pressure rises. However, this has not yet increased the body fluid volume or restored blood pressure; that requires a further stage. The increased osmotic pressure causes the pituitary to secrete ADH, which permits an appropriate increase in water re-absorption from the collecting ducts. Additional water intake is also stimulated through increased thirst. Isotonicity, body fluid volumes and normal blood pressure are thus restored.

Conversely, if the body becomes salt-deficient and the body fluids hypotonic, both ADH secretion and thirst are inhibited and extra water is lost in the urine. Osmotic pressure is thereby restored, but at the expense of reducing blood volume and

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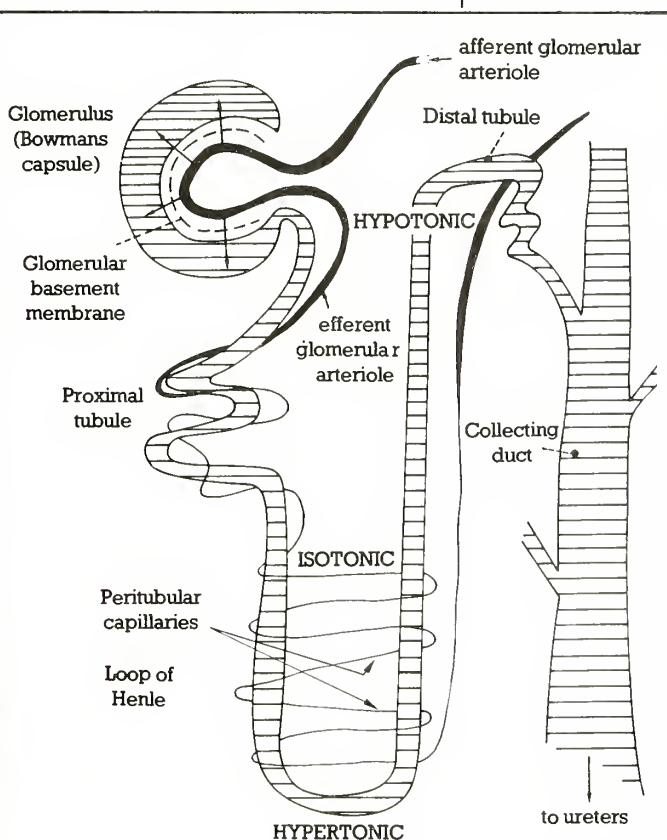
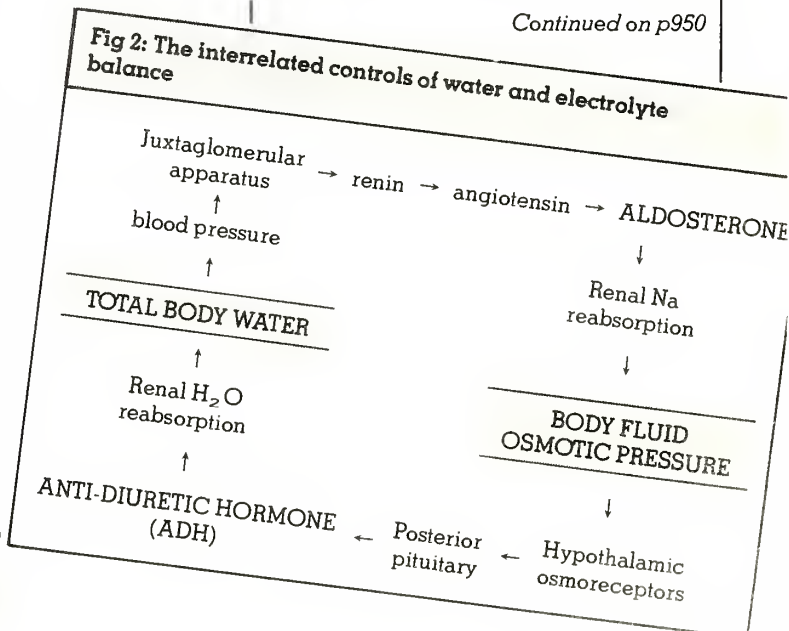


Fig 1: A typical nephron

By Mr R.J. Greene and Dr N.D. Harris, department of pharmacy, Chelsea College, University of London.



Continued from p949

blood pressure. The latter promotes aldosterone secretion, so causing the retention of extra sodium to make up the original deficiency. A secondary, ADH-mediated, water retention will follow to restore osmotic pressure and fluid volume.

Of course each mechanism can act independently too, if circumstances require it. Looking at the system under a variety of imbalances shows that it is very sensitive to small changes and maintains homeostasis within fine tolerances. The blood osmolarity is usually kept within the range 285-295 mmol/kg, despite a variety of extraneous influences on blood pressure, and wide dietary variations in salt and water intake.

**Acid-Base Balance:** This is a notoriously confusing topic. Without going into detail about the specific enzyme systems and carriers, the position may be summarised as in Fig 3. Blood pH must be kept within the strict limits of  $7.4 \pm 0.05$ , and depends upon the ratio of the concentrations of bicarbonate and total carbon dioxide in the plasma. Normally, metabolism produces the equivalent of about 15,000mmol of acid per day, and most of this is eliminated as carbon dioxide via the lungs. The respiratory centre in the medulla detects changes in blood pH (assumed to be changes in carbon dioxide, which is usually the case) and alters the respiratory rate. The effect of this can be judged from the fact that if respiration were reduced to 25 per cent of normal the pH would fall to 7. This is why respiratory diseases may cause respiratory acidosis.

This adjustment of respiration to maintain pH is called *primary* or *respiratory compensation* and it can be very rapidly effective. However, its usefulness is limited: in acidosis by the extra effort needed to maintain a markedly increased respiratory rate, and in alkalosis by the inevitable fall in blood oxygen level which would result from reduced respiration.

A more prolonged and profound compensation for aberrant pH can be effected by the kidney, which alters its rate of acid excretion and bicarbonate retention.

The kidney normally excretes only about 100mmol of acid per day. Small alterations in this amount can have significant effects on blood pH, and this is termed *secondary* or *renal compensation*. Though its response is slower and its capacity lower, its advantage over respiratory compensation is that it can operate indefinitely because it doesn't compromise other factors (such as the blood oxygen level). As with lung disease, renal disease often produces pH imbalance, usually acidosis owing to inefficient acid excretion.

**Potassium:** Potassium is predominantly an intracellular ion. In the normal adult, plasma and extracellular potassium, at an average concentration of 4mmol/l, account for only about 50mmol  $K^+$  in total,

compared with approximately 4,000mmol within the cells. All compartments are usually in equilibrium so that plasma potassium is a reliable index of body potassium balance. But this only applies under relatively stable conditions: because of the time taken for equilibrium to become re-established, *acute* changes in plasma potassium can occur with little intracellular change. For example, it will take several hours for an intravenous injection of KCl to fully distribute throughout the body.

It follows that relatively small *chronic* changes in plasma potassium may reflect proportionally much greater whole body surpluses or deficits. The normal plasma potassium range is 3.5-5mmol/l. If, for example, plasma potassium falls to 3mmol/l, the plasma itself would only need an extra 1mmol per litre, a total of about 2mmol, to be restored to normal: this is less than in a single effervescent potassium tablet. But the total body deficit will be nearer 400mmol: the greater part of any administered potassium, whether injected or ingested, will find its way into cells and have little effect on the plasma potassium level.

However, the physiological effects of potassium depend mainly upon plasma levels, and quite small variations in this ( $\pm 1$ mmol/l) can have profound effects on nerve and muscle membranes. The heart is particularly susceptible: both hypokalaemia and hyperkalaemia can cause arrhythmias.

The kidney has a vital role in maintaining potassium levels, and this is achieved by controlling the secretion of potassium into the urine by the distal tubules. A healthy diet usually produces an excess of 50 to 100mmol per day, which is excreted; but the diet of the malnourished or elderly, for example, may be poor in the main dietary sources of potassium, such as fresh fruit and vegetables. Much potassium is also lost by boiling vegetables. Thus poor nutritional habits can result in a net loss of potassium. This will be worse if such a patient is also taking diuretics, most of which enhance potassium as well as sodium excretion.

Drugs can interact with this system in other ways. Aldosterone, at the same time as promoting sodium and water retention, also enhances potassium excretion; this is a principal mechanism of potassium homeostasis. Since *captopril* impairs aldosterone secretion (by inhibiting angiotensin), it may produce hyperkalaemia as one of its adverse reactions. The same is true of *spironolactone*, a direct-acting aldosterone antagonist. And the elderly in particular, with diminished renal function, are prone to hyperkalaemia induced by potassium-sparing diuretics.

Another problem which arises results from the need of the kidney to make compromises sometimes. Potassium secretion seems to use the same transport mechanism

as acid in the distal tubule. Thus in acidosis, the enhanced renal acid secretion (the healthy kidney's attempt to correct pH) tends to impair potassium secretion, and if protracted can cause a secondary hyperkalaemia. Conversely, hyperkalaemia can cause secondary acidosis; and so on. Considerations such as these explain why fluid and electrolyte therapy can be so complex.

## Fluid and electrolyte imbalances

We have seen how delicately the body has to try to balance the often conflicting demands of the environment, and how crucial the kidney is to these adjustments. We will now consider disturbances in these systems.

**Body water and osmotic pressure:** Many factors can alter the body's intake, production or loss of water and osmotically active solutes. In some cases this occurs to such an extent that the compensatory mechanisms we have discussed cannot restore equilibrium. The principal consequences of these disturbances for a patient may be understood by considering the main roles of water and osmotic pressure in health.

We have seen that *water* is crucially responsible, via the blood volume, for maintaining blood pressure. Thus the major adverse effects of overhydration (*hypervolaemia*) or dehydration (*hypovolaemia*) are haemodynamic.

In the first case we see either hypertension or a greatly increased preload (venous return), or both; in the second, hypotension and reduced cardiac output. These effects are independent of any changes in osmotic pressure. For example, overhydration by excessive intravenous fluid administration can cause a patient to go into heart failure, whereas sudden fluid loss, such as a haemorrhage, can produce severe hypotension and even circulatory insufficiency (one form of clinical shock). Less serious effects are noticed in the skin and soft tissues, which can be useful diagnostic clues. Dehydration causes a loss of skin elasticity, which is demonstrated by pinching: the fold stays for some time instead of springing back as usual. Conversely, overhydration produces oedema.

On the other hand, plasma *sodium concentration*, by determining the osmotic pressure of extracellular fluid, controls the water content of all cells in the body. In *hyponatraemia* there is usually a reduced plasma osmotic pressure, which allows free water to move from the plasma into cells (since these will still have a normal osmotic pressure owing to intracellular potassium). The resultant increased hydrostatic pressure within all body cells first affects the brain.

Because of the space restriction of the

Continued on p952

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Abbey Life	1626.20
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Norwich Union	1617.00
Standard Life	1617.00
Sun Life	1617.00

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RNPF Nurses	1890.74
Abbey Life	1818.01
London Life	1818.00
National Employers	1807.00

Male aged 75 attained	Gross Annuity
RNPF Nurses	2223.50
Abbey Life	2098.02
Royal Life	2097.10
National Employers	2078.00
Sun Life	2075.40
Standard Life	2073.80
London Life	2073.00
Equitable Life	2073.00
Scottish Equitable	2073.00

Female aged 60 attained	Gross Annuity
RNPF Nurses	£1396.30
London Life	1387.00
Abbey Life	1383.39
Norwich Union	1383.39
Sun Life	1383.39
Equitable Life	1383.39
National Employers	1383.39
Standard Life	1383.39
Sun Life	1383.39

Female aged 65 attained	Gross Annuity
RNPF Nurses	1511.90
Guardian Royal Exchange	1499.70
London Life	1476.00
Abbey Life	1474.03
Norwich Union	1461.00
Equitable Life	1457.00
Providence Capitol	1456.50
Scottish Equitable	1452.78

Female aged 75 attained	Gross Annuity
RNPF Nurses	1926.02
Abbey Life	1843.42
London Life	1807.00
Equitable Life	1807.00
Standard Life	1801.50
Providence Capitol	1798.60
Scottish Equitable	1798.30
Royal Life	1798.00
Eagle Star	1793.70

#### To date of second death. Purchase price £10,000 JOINT LIFE AND LAST SURVIVOR

Male aged 65 attained	Gross Annuity
Female aged 61 attained	£1326.05
Abbey Life	1326.00
London Life	1322.60
Norwich Union	1320.10
RNPF Nurses	1318.00
Equitable Life	1310.80
Standard Life	1308.98
Sun Life	1306.00
Sun Alliance	1302.00

Male aged 75 attained	Gross Annuity
Female aged 71 attained	£1555.38
RNPF Nurses	1524.50
Equitable Life	1518.75
Abbey Life	1506.00
London Life	1493.20
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Continued from p950

skull, brain cells cannot compensate for increased pressure by simply swelling, as can cells in all other tissues. The brain is thus acutely sensitive to increased pressure, whether from trauma, tumour, cerebral oedema or overhydration. The result in each case is confusion, headache and ultimately convulsions. Conversely, the raised plasma osmotic pressure of *hypernatraemia* tends to dehydrate brain cells, causing confusion and eventually coma. Thus the most serious adverse effects of osmotic imbalance are neurological.

We discuss sodium first because it is the principal ion controlled by the kidney, but it is not the only potential culprit of osmotic imbalance; excessive levels of other osmotically active substances can have similar effects.

For example the coma of diabetic hyperglycaemia is partly due to this same mechanism, as is the CNS depression associated with uraemia (high blood levels of urea due to renal impairment). These are known as *hyperosmolar* states, and in such cases there may be an "appropriate" compensatory hyponatraemia: the high osmotic pressure is detected, aldosterone inhibited and sodium lost. Thus a simple

plasma sodium level measurement is an insufficient guide to assessing plasma osmotic pressure.

A further complication is that either hyper- or hypovolaemia can occur alone or in association with hypo- or hypernatraemia. For example, excessive sodium loss may give hyponatraemia but initially there may be no change in plasma volume (*normovolaemia*); similarly, pure water loss can cause simultaneous hypovolaemia and hypernatraemia. Finally, depending on how acutely the condition has developed (and even at its most rapid it will be a matter of hours not minutes) the various compensatory mechanisms discussed above will be brought into play.

Thus a patient may present with a complex mix of initial disequilibria and partial compensation, making it very difficult to disentangle cause and effect. Obviously great care must be taken to evaluate these imbalances and if possible find their causes, before rational treatment can be started. However, there may be a need for urgent empirical treatment initially.

*Hyponatraemia* alone (sodium depletion) can result from excessive sweating (with pure water drunk

as replacement), over-zealous use of potent diuretics, or occasionally from dietary deficiency. Water will be lost by the kidney in compensation, to adjust osmotic pressure, and this will quite soon produce the general features of hypovolaemia such as sunken cheeks, thirst, loss of skin elasticity and dizziness due to hypotension. If the

onset is very rapid there may also be some neurological effects. It is treated with a hypertonic saline injection; up to 5 per cent NaCl may be cautiously infused.

*Hypervolaemia* alone ("true" hypervolaemia) with normal sodium levels usually results from renal impairment, corticosteroid excess (Cushing's disease or Conn's syndrome), or occasionally from overdosage of IV fluids. It can cause hypertension and oedema. The treatment is quite straightforward, with diuretics.

*Hyponatraemia* with *hypervolaemia* (water intoxication) can result from renal disease, inappropriate secretion of ADH or, occasionally, dietary causes. The effects are as for hyponatraemia, but there may also be some hypertension. It is treated most effectively by simply reducing water intake.

*Hypernatraemia* or sodium intoxication is extremely rare, but *hypernatraemia* with *hypovolaemia* (primary water depletion) may result from dietary fluid restriction or diabetes insipidus. Prolonged sweating, eg in desert environments, is another cause. (Normal sweat is hypotonic, although it becomes progressively more concentrated as the rate of sweating increases; this is presumably a water conservation mechanism.) The features are of CNS depression, thirst, dry mouth and loss of skin elasticity. The hypernatraemia is usually secondary to a lack or loss of water, and the treatment ideally would be pure water. However, since pure water in large quantities cannot be safely infused, dextrose 5 per cent solution, which is isotonic, is used. Rapid metabolism of the glucose component leaves the water to make up the body's depletion. Less serious cases may be treated with dextrose 4 per cent/NaCl 0.18 per cent ("dextrose saline").

Simple *hypovolaemia* (dehydration, or isotonic water and salt loss) results from Addison's disease (aldosterone deficiency), the polyuria of diabetes mellitus, or excessive sweating (where sweat concentration approaches that of plasma).

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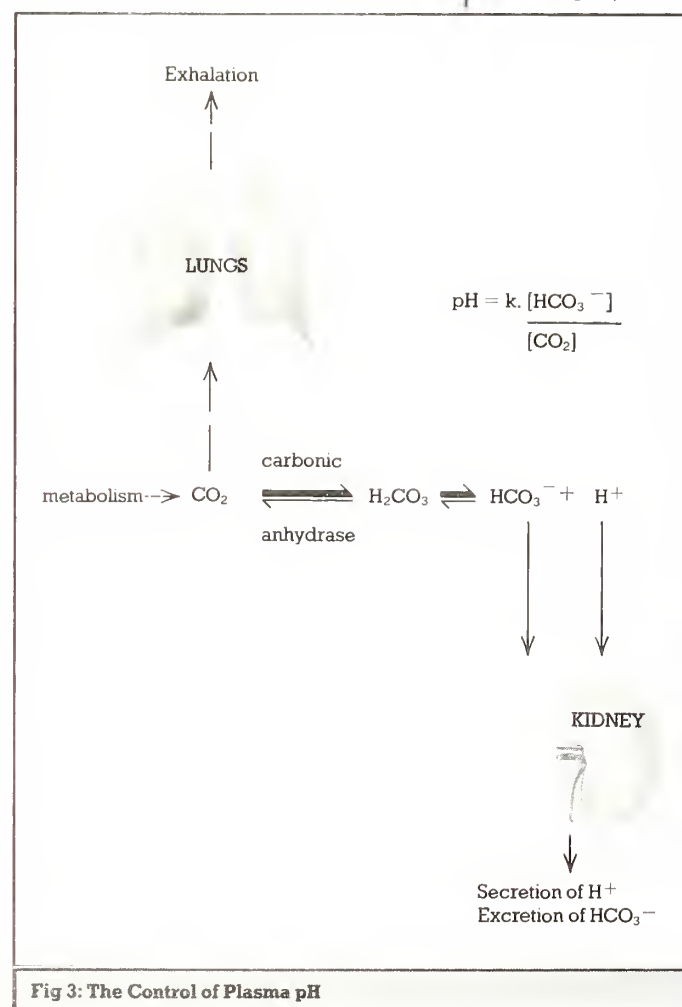


Table 1: Some causes of pH imbalance	
Acidosis	Alkalosis
Respiratory	Hyperventilation
Respiratory depression	
Obstructive pulmonary disease (eg chronic bronchitis)	
Cardiac failure	
Metabolic	Vomiting
Diarrhoea	Diuretics
Renal failure	(Antacid ingestion)
Vigorous exercise	
Starvation	
Uncontrolled diabetes	

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Continued from p952

Excessive diarrhoea or vomiting, especially in children, may also produce it; other causes are burns and haemorrhage. The main features are hypotension, loss of skin elasticity and thirst. Parenteral treatment with 0.9 per cent NaCl may be necessary (especially in very ill patients who may need other parenteral treatment as well, such as nutrition and plasma expanders). However, losses from gastrointestinal causes can usually be satisfactorily replaced by oral rehydration measures.

**Potassium imbalance:** This should properly refer to total body potassium, but the terms hypokalaemia and hyperkalaemia usually refer specifically to alterations in plasma potassium levels. Nevertheless, as we have shown, small plasma changes can reflect considerable total body changes.

**Hypokalaemia** is most commonly met during prolonged diuretic use, but may result from inadequate dietary potassium among the poorly nourished. Excessive renal secretion of potassium due to high plasma corticosteroid levels is another cause; this may be either pathological (eg Cushing's disease) or iatrogenic (eg long term oral steroid therapy). Occasionally, prolonged severe diarrhoea (eg inflam-

matory bowel disease) or vomiting may also cause excess potassium loss. The main clinical problem is muscular impairment, especially cardiac muscle. As is well known, hypokalaemia dangerously increases digoxin toxicity.

Oral replacement with potassium supplements is too slow for severe deficits, but is quite appropriate prophylactically. However, there is growing evidence that the routine prescribing of such products, which have low patient acceptance and may produce GI toxicity, is often unnecessary and should be avoided. Dietary means are preferable by far, and fresh fruit and vegetables, especially bananas or dried fruits, are rich in potassium. Patients may need advice about this.

For severe hypokalaemia potassium chloride infusions are necessary. Care is needed not to overload the patient. Too rapid an infusion will produce a temporary plasma hyperkalaemia by not giving enough time for the potassium to find its way into cells, and high concentrations of irritant. (Usual maximum rates for potassium administration are 20mmol/hr or 80mmol/day, in concentrations not exceeding 40mmol/litre.)

Dietary **hyperkalaemia** is quite rare now, though toxicity from over-zealous consumption of potassium citrate mixture has been reported. It should be remembered that the recommended daily dose of this mixture contains over 50mmol of potassium; compare this with the average potassium supplement tablet.

Hyperkalaemia is one of the main consequences of renal failure, as potassium secretion is impaired. Adrenal steroid insufficiency (eg Addison's disease) is a more rare cause. The clinical effects are again cardiac arrhythmias.

Treatment is much more difficult than for hypokalaemia, because the difficulty of removing potassium from the body is much greater than that of getting extra in.

In severe cases, the immediate aim is to protect the heart from excessive plasma potassium. Basic physiology shows us that calcium is an effective antagonist to potassium at muscle membranes, so that calcium chloride (or gluconate) is always promptly injected. This is a standard procedure after cardiac arrest or myocardial infarction too, since myocardial cell damage

Continued on p956



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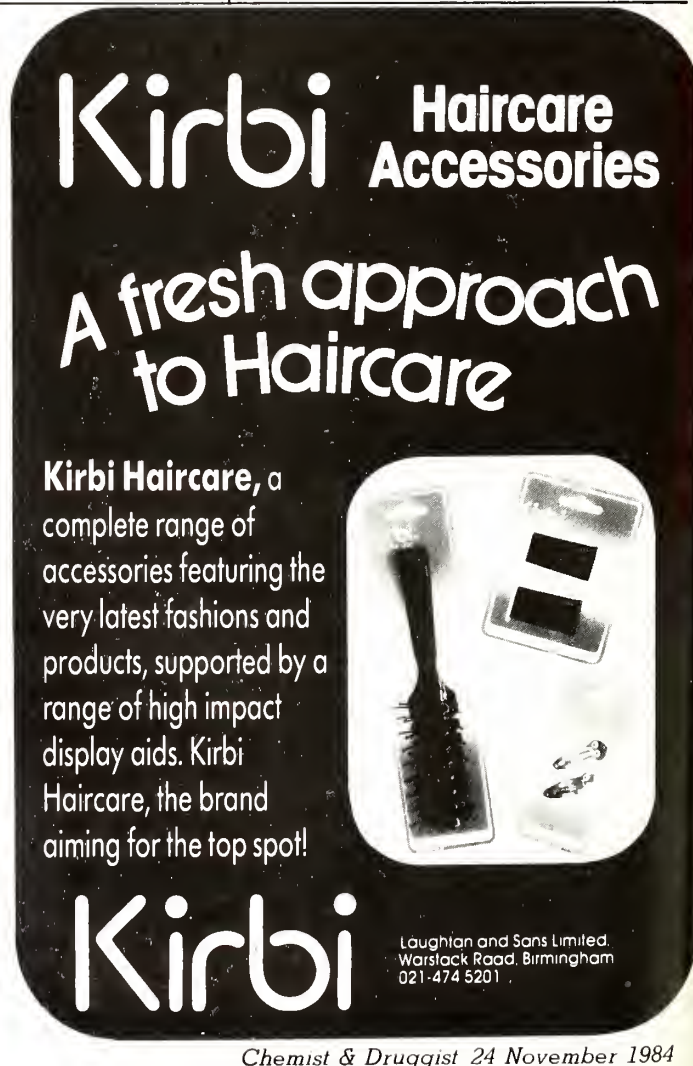
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CODE	PACK	ORDER
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Wholesalers Name \_\_\_\_\_

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Wholesalers Account No. \_\_\_\_\_

Date \_\_\_\_\_

The closing date for receipt of orders is 1.3.85.

The next article in this series will look at the causes and treatment of renal failure.

Continued from p954

releases intracellular potassium causing a local hyperkalaemia which is equally cardiotoxic.

The second step is to stimulate the sodium pump throughout the body and hence shift potassium into cells, providing a temporary but very effective means of reducing plasma potassium. The technique is to produce alkaline conditions which favour the sodium pump (as well as correcting any associated acidosis), to give extra fuel to the pump in the form of glucose, and to promote the cellular uptake and utilization of the glucose with insulin. The standard regime is about 100mmol of sodium bicarbonate (ie about 100ml of 8.4 per cent), 50g of glucose and 10-20 units of soluble insulin. Should this procedure fail, the only recourse is to temporary dialysis.

For milder and therefore less urgent hyperkalaemia, the method is to give an ion exchange resin, which exchanges sodium (or calcium in the sodium-restricted patients) for the potassium ordinarily reabsorbed from the gut. Resonium or calcium resonium are polystyrene sulphonates which are used for this purpose; they may be given as oral suspensions or as enemas. However,

it is a slow and inefficient procedure, as each gram of resonium will only bind about 1mmol of potassium, and large quantities of the resin are impractical or unpalatable.

### Acid base imbalance

Although rare in the community, pH disturbances are common in hospital. The body has only a very limited capacity for ridding itself of excess acid or base, whether ingested or produced by metabolism. Impairment of the main organ of regulation, the kidney, will inevitably compromise the balance. Transient mild or acute changes are dealt with first by the blood buffers (principally bicarbonate), and then the respiratory system, whereby a greater or lesser respiratory rate causes increases or decreases in carbon dioxide elimination.

Common causes of acid-base imbalance are summarized in Table 1. The terminology often causes confusion, but can be most simply thought of this way: if the imbalance is due to lung problems then it is "respiratory"; all other ones are "metabolic".

**Acidosis:** The commonest cause of chronic acidosis is probably respiratory impairment. This is *respiratory acidosis* and results either

directly from respiratory disease or secondarily from cardiac disease causing poor pulmonary perfusion. *Metabolic acidosis* is a major problem in uncontrolled diabetes mellitus and in renal failure. In children, the metabolic acidosis due to a loss of bicarbonate following prolonged diarrhoea can be quite serious.

There are few specific symptoms of acidosis, so varied are its causes. The clinical picture usually reflects the underlying abnormality, and to discover this is a prime aim of management. However, in the absence of respiratory disease, fast deep respiration is seen (tachypnoea), which is the normal physiological reflex attempt to eliminate excess acid as carbon dioxide.

Intravenous sodium bicarbonate provides immediate but essentially symptomatic correction. The dose a patient needs is calculated from measurements of the plasma bicarbonate. For example, if the plasma bicarbonate is 16mmol/l, where 26 is the normal level, the plasma deficit will be  $26 - 16 = 10\text{mmol/l}$ . This would give a total requirement of about 20mmol for the average adult plasma volume. However, the dose of bicarbonate

needed is much greater than 20mmol because most of any bicarbonate given diffuses into extravascular compartments.

By a popular rule of thumb, an effective dose is calculated as the deficit per litre of plasma multiplied by one-third of the patient's weight (in kg). Thus a 60kg patient with a 10mmol/l deficit would require approximately 200mmol of bicarbonate infusion. This may be given as 200ml of an 8.4 per cent solution, 1.2l of the isotonic 1.4 per cent solution or combination, depending on the amount of fluid the patient needs. There is often an associated hyperkalaemia to treat.

**Alkalosis** is generally less common than acidosis. *Respiratory alkalosis* especially is much rarer than respiratory acidosis, only occurring in the temporary hyperventilation of, for example, acute panic or asthmatic attacks. It can also occur if a mechanical ventilator is set too fast. *Metabolic alkalosis* is best known in connection with prolonged diuretic use. The excess potassium loss induced by the diuretics causes the kidney to attempt to retain as much potassium as possible by minimising its secretion and in doing so it tends to secrete excess acid instead. Fortunately, one of the commonest causes of alkalosis in the past, that of excess soluble antacid ingestion, especially "bicarbonate of soda", has all but disappeared with the advent of non-absorbable antacids. Prolonged acid loss by vomiting can also cause alkalosis; this is analogous to diarrhoea-induced acidosis. Finally, the rare endocrine disorder hyperaldosteronism (Conn's syndrome) causes the kidney to retain excess potassium and lose acid.

As with acidosis, the symptoms tend to reflect the underlying cause, which must be investigated. However, metabolic alkalosis usually causes slow shallow respiration, due to respiratory compensation. Severe cases may require an ammonium chloride infusion, often with added potassium for associated hypokalaemia. In most cases, however, treatment with isotonic saline with frequent monitoring of blood bicarbonate is adequate. The rationale for this, as explained in the previous article, is that the excess chloride from 0.9 per cent NaCl solution displaces bicarbonate in the blood reducing pH. Excess chloride also competes with bicarbonate for re-absorption in the kidney tubules, producing a net loss of bicarbonate. Indeed, excess isotonic 0.9 per cent NaCl infusion can produce a hyperchloraemic acidosis.

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# All restrictions should go says shop hours report

**The Shop Hours Committee has recommended abolition of all restrictions on when shops may open, in a report published on Wednesday.**

The committee also calls for repeal of special provisions for shop workers contained in part II of the current Shops Act. These cover conditions of employment in the industry, particularly where young people are involved.

These protections are duplicated in more general legislation, says the report. "We strongly urge the retention of wage council machinery for the fixing and proper enforcement of satisfactory wages and premium rates" it goes on.

The National Pharmaceutical Association had urged the Committee to retain the current law. "We recognise that there are anomalies, but don't think they're as burdensome as some people make out," says director Tim Astill. "Our main concern is that the pharmacist, forced into opening on Sunday by local competition, won't have the freedom to close on another day of the week to compensate.

"We're not too concerned with the weekday changes — after all, shops are already allowed to open until eight or nine in the evening. But permitting Sunday opening is a pity. Our members work hard enough already. The need for locums means it's not easy for them to delegate."

Pharmacy will not be much affected by the changed to Shops Act employment

provisions, as the trade has no wages council. If the committee's recommendations become law, however, there will be no maximum number of hours of employment for shop staff (although overtime rates will still apply for 40 hours plus).

Mildred Head, OBE, assessor to the inquiry for the National Chamber of Trade, describes the committee's findings as "a great disappointment" and says they could have a devastating effect. She warns of small shops going to the wall, and of a move toward out-of-town shopping.

Boots had no comment to make on the report proper as *C&D* went to Press, but repeated their view that Sunday opening would not be in the interests of either their customers or their staff. They feel changes to the law will not lead to widespread Sunday opening in city centres.

Shop workers' union USDAW say they are "furious" that the committee has recommended a "free for all". Deputy secretary John Flood says the changes, if implemented, would have the effect of setting the law back several generations, and fears shop staff will be given very little choice but to work Sundays.

The report has been welcomed by the National Consumer Council, who cite their recent poll showing 69 per cent of the public in favour of shops being allowed to open when they like. "The Government should act on these recommendations as soon as possible," they say.

## High spending in US pharmacies

**The United States and Canada have the highest per capita spending in pharmacies of 18 countries studied in a Nielsen survey. Britain came eleventh.**

In 1982 the turnover per capita in the US was \$160 and in Canada \$144. In both countries drug stores sell a wide range of non-prescription products. Almost at the same level were France (\$143) and Germany (\$137) where extensive social security systems reimburse much of the cost of medicines and, according to Nielsen, may encourage consumption.

Per capita spending in Britain was \$54 based on a figure of 9,525 pharmacies excluding Boots, each of which served

5,750 inhabitants on average. The expenditure includes OTC and prescription medicines and NHS charges. The lowest spending was in Mexico.

The review, "The Drug Marketing Scene No 3," found that in recent years, pharmacies have made steady gains over and above inflation in most countries where information was available. In Canada, pharmacies have enjoyed a 5.5 per cent real growth in turnover, averaged over eight years, compared with Britain's 0.65 per cent over five years.

**The index of retail prices** for all items for October was 357.7 (January 1974 = 100), an increase of 0.6 per cent on the previous month and 5 per cent up on October 1983.

**Approved Prescription Services Ltd** are seeking permission to convert an existing factory in Wyke, Bradford, into a tablet production plant.

## NCT succeeds on NI contributions

**The Government has given way to pressure from the National Chamber of Trade to exempt employers from having to pay national insurance contributions on statutory sick pay.**

The change, with effect from April 1985, was revealed by Social Security Minister Mr Tony Newton in a letter to the NCT director general, Mr Leslie Sweeney. Under the SSP scheme, employers have always been reimbursed from their previous NI contributions but have then had to pay further NI on sick pay itself.

The Minister has also accepted NCT representation to end directors' personal liability for their company's NI debts and gave details of his annual review of NI contributions. The full Class 1 rates will stay unchanged for 1985-86, the lower earnings limit will be uprated from £34 a week to £35.50, the upper earnings limit will be increased from £250 to £265 and the Treasury supplement will be reduced from 11 per cent of gross contributions to 9 per cent.

## Sales promotion tightened up

**The guidelines in the British Code of Sales Promotion Practice have been stiffened to include 13 basic principles to be followed by everyone involved with sales promotion. The Code recognises that retailers often initiate or share in promotions themselves.**

The Code, administered by the Advertising Standards Authority, provides that, when a promotion is advertised on a pack, any conditions of participation, eg any requirement of proof of purchase or the closing date, must always be prominently presented so as to be clear to the consumer prior to purchase.

Other conditions that should be clearly spelt out include, any restrictions on eligibility, any geographical limits to the promotion and any limits on the number of applications allowed.

Two new clauses require that when a consumer wants his name removed from a mailing list, all possible steps should be taken to see that this is done, and handling houses should treat as confidential any mailing lists they compile.

Another section shows how the general

guidelines apply in particular cases, eg promotions with prizes, charity linked promotions. The Code also requires promoters to help the trader with such matters as stock control and rotation.

## Nielsen NNPI

**January 1985 sees the launch of a New Product Information Service from Nielsen.**

Designed to assist fmcg manufacturers to monitor their competitors' activity, the service (NNPI) will provide subscribers with regular, up-to-date information on new products, new sizes, new packaging, reformulation and relaunches.

Data is restricted to developments in the main trades in which Nielsen operates. The service will be on a weekly basis. The subscription of £180 per annum covers 52 reports, with a binder included for storage. *A.C. Nielsen Co Ltd, Nielsen House, Headington, Oxford OX3 9RX.*

## Unichem off to Athens in '85

**Unichem plan to hold their sixth annual pharmaceutical convention in Athens, in October 1985.**

The convention is to be held at the Hotel Astir Palace at Vouliagmeni, 20 minutes from the city centre to run from Friday, October 11. Delegates will be able to book an extra week at the Astir or fly to Crete or Rhodes. Places will be limited to 300 — 50 less than this year.

Flights from Heathrow, Manchester or Glasgow, will range from £470-£555. There is a reduction of 35 per cent for children under 12 years old and a 15 per cent reduction if a third person shares a room. The extra week will cost from £275 for Vouliagmeni, £285 for Crete and £320 for Rhodes. Information from *Lynn Farmer at Soler Touriste, Unichem House, Cox Lane, Chessington, Surrey KT9 1SN.*

**Sunday, November 25**

**Leeds Jewish Pharmacists' Association**, Allerton, Nursery Lane Alwoodley, Leeds 17, at 7.30pm. Dinner and dance.

**Monday, November 26**

**Plymouth Branch, Pharmaceutical Society**, board room, Derriford Hospital, at 8pm. A drugs squad officer from Devon & Cornwall Constabulary, on "Drug abuse".

**Tuesday, November 27**

**West Metropolitan Branch, Pharmaceutical Society**, Great Western Hotel, Praed Street, London W2, at 6.45pm. Mr Kirby, regional PSNC representative, on "The chemists' charter".

Joint meeting with NPA/WPA.

**Thursday, November 29**

**Ayrshire Branch, Pharmaceutical Society**, Piersland House Hotel, Troon, at 8pm. Mr B. Fitzgerald on "The pharmaceutical orthopaedic interface."

**Bristol Branch, Pharmaceutical Society**, Frenchay Hospital, postgraduate medical centre, at 8pm. Motions for the Branch Representatives' Meeting 1985 plus exhibition and short talk on 'Stoma Therapy Products' by Simpla Plastics.

**Saturday, December 1**

**Lanarkshire Branch, Pharmaceutical Society**, The Crystal Suite, The Bruce Hotel, East Kilbride, at 7.30pm. Annual dinner and dance.

**Advance information**

**Pharmaceutical Society of Ireland Benevolent Fund**, Burlington Hotel, Dublin, December 8, at 7.30pm. Annual pharmacy ball. Tickets £25 from committee members. A special rate of £38 per person sharing for two nights bed and breakfast is offered by the Burlington Hotel — apply to the hotel direct. For details contact Mr Gerry O'Neill, (tel 01/801020).

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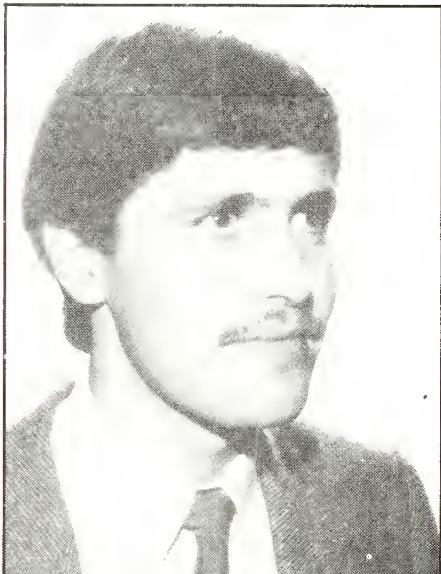
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Mr Michael Mawhinney

## New chief for NI price bureau

Mr Michael Mawhinney, BSc(Hons), MPSNI, has been appointed principal administrative assistant in the pharmaceutical branch of the Northern Ireland Central Services Agency for Health and Social Services.

Mr Mawhinney graduated from The Queen's University of Belfast in June 1982. He completed his pre-registration training at Warnock's Chemists Ltd, Kilkeel, and the Belfast City Hospital, where he was employed as a pharmacist until taking up his current post.

He is responsible to the pharmaceutical officer of the Agency for the day-to-day running of the pharmaceutical branch, which includes the Prescription Pricing Bureau. He can be contacted at the Agency's premises at 25 Adelaide Street, Belfast (tel 0232 24431).

## Wheeled off

Pharmacist Suresh Patel got a surprise last week when he answered a call from the police saying the burglar alarm at his pharmacy was ringing.

Mr Patel arrived at the shop, in London Road, Kingston-upon-Thames, to find a man putting a wheel on his car — to replace one that had gone through the pharmacy window.

Mr George Bone had been driving down the street in his Triumph Burlington, when one of the wheels came off and crashed into the pharmacy, causing around £200 worth of damage.

## Numark beat golf bogey

The team from Wales and the Midlands has won the 1984 Numark Golf Tournament for the Rennie Trophy.

Heavy rain washed out the final, due to have been played over the Wentworth course in September, so each of the teams played over a course of a similar standard in their own area.

Playing over the St Pierre course in Chepstow, Wales and the Midlands recorded the best Stableford score and won. Northern Ireland finished second and Southern England third.

## First lady

The Pharmaceutical Society of Ireland has elected its first woman president — Miss T. Landers.

Miss Landers spent her first 12 years on the Register in community pharmacy. She then worked in the dispensary service and is now a hospital pharmacist. The retiring president was Mr S. Hillery.

Mr Gerry O'Neill, previously Society treasurer, moves to the position of vice-president.

## Healthy elections

Ms Joyce Parker, FPS, was elected chairman of the Royal Society of Health's pharmaceutical group at its annual meeting last week.

Dr B. Qureshi was elected vice chairman and Mr Mervyn Madge, FPS, secretary. Mr E.J.H. Mallinson, MPS, Mrs D.K. Roberts, MPS, and Miss M. Wallis, FPS, were elected to the committee.



Mr Neil Appleton

## Pharmacist MD for Wyeth

Mr Neil Appleton, MPS, has been appointed managing director of Wyeth (UK), where he will spearhead the company's growth in ethical medicines, OTC medicines and nutrition.

Mr Appleton graduated from The Queen's University, Belfast and opted for a career in industry after a short period as a community pharmacist.

He joined the Sterling Winthrop group in 1965 where he held a succession of marketing jobs in the UK and Europe, becoming a main board director in 1976. Until recently he was president of their ethical operations and chairman of Winthrop Laboratories, Sterling Research Laboratories and Sterling Winthrop (Ireland) Ltd. In 1982 he became a Freeman of the City of London.

■ Philip Paul, the Pharmaceutical Society's director of public relations, has been elected to the Council of the Institute of Public Relations.

## APPOINTMENTS

**Cow & Gate Ltd:** Mr Michael Whitcroft has been appointed UK marketing director with a seat on the board. He joined the company in 1979 and has been marketing manager since 1982.

**LRC Products Ltd:** Mike Broadbridge has been appointed general manager (marketing) for the family planning division. Mr Broadbridge was previously marketing manager for Durex and has been with LRC for 13 years.

**Duracell UK:** Mr Peter Larder has been appointed senior brand manager with responsibility for the company's advertising, promotional and packaging strategy.

**Chemical Industries Association:** Mr John K. Pitts has been elected president. Mr Pitts is chairman and chief executive of the Tioxide Group and has been chairman of the Chemical Industry Safety, Health & Environmental Council since 1979.

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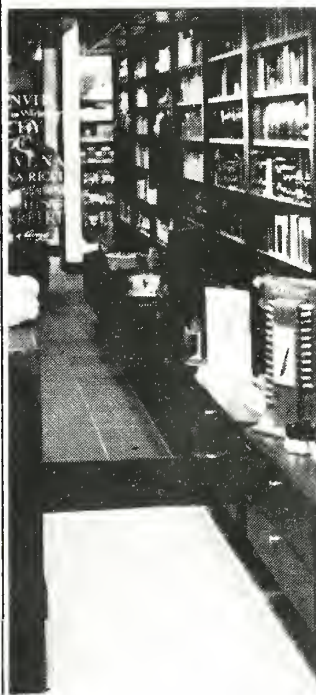
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